

Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

No Name

Allen

CERTIFICATE OF DEATH

Died at

Town
Cumberland

County

Allegany

MARYLAND

Date
of death

1906 May

Month

Day

10

Years

Age 5 no Fortus

Months

Days

—

Sex

Male

Color or
Race

Black

Birth-
place

Cumberland

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Alex Allen

Father's
Name

Alex Allen

Father's
Birthplace

Virginia

Mother's
Maiden Name

Pruilia Allen

Mother's
Birthplace

Virginia

Name of person giving
Information

Mother Mrs Allen

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Suit

(S)

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

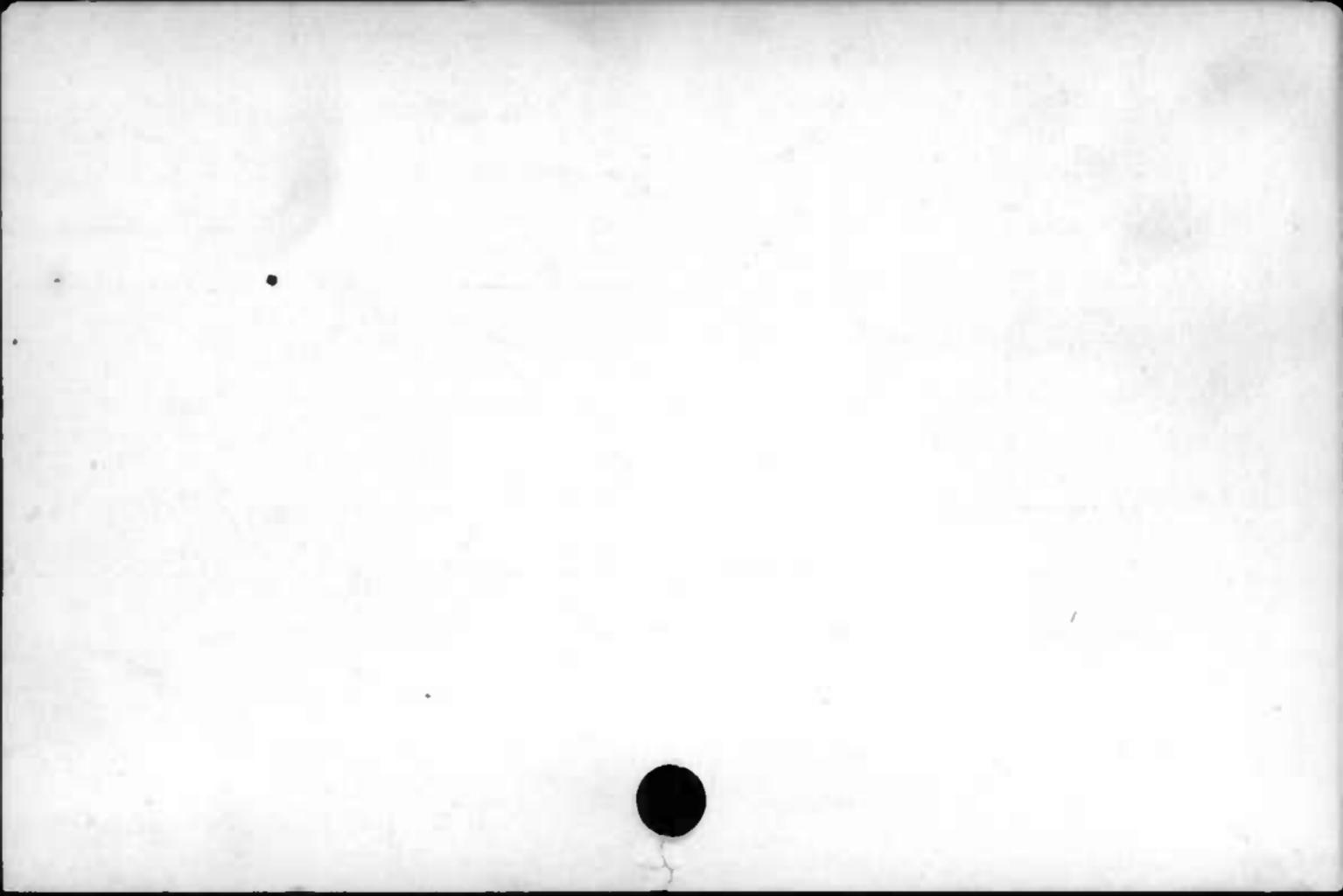
yes

Signature of
Physician

Address

J M. Spear,
Cumberland, Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Rose

Town

CERTIFICATE OF DEATH

Died at

Date
of death

Month

Day

Year

Months

Days

1906 May 25

Age 87

MARYLAND

Sex

Color or
Race

Male White

Birthplace Cumberland Valley, Pa

Occupation

Laborer

Where Residing if not
at place of death

Sage

Married, Single

Widow

Name of Wife or
Husband

Morris

Rachael Conrad

Father's
Name

Frank Rose

Father's
Birthplace

Mother's
Maiden Name

—

Mother's
Birthplace

Name of person giving
Information

John Rose

How related
to deceased

Son

CAUSES OF DEATH

(154)

Primary

Diphtheria

How long

Several years

Immediate

General failure

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Edward Daniels
M. D.

Accident or Suicide?



Name
in
Full

Sinfus H. E. Boyland

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Cumberland		allegany	
Date of death	Month	Day	Years Months Days
1906	May	17	
Age			
Sex	Male	Color or Race	White
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Single	W E Boyland		
Father's Name	F. E. Boyland		
Mother's Maiden Name	- C.		
Name of person giving information	H E Boyland		
How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Sive Bone S How long —

Immediate S How long —

Are the name, age, sex, color, date and place correctly given above?

Nyn.

Signature of Physician

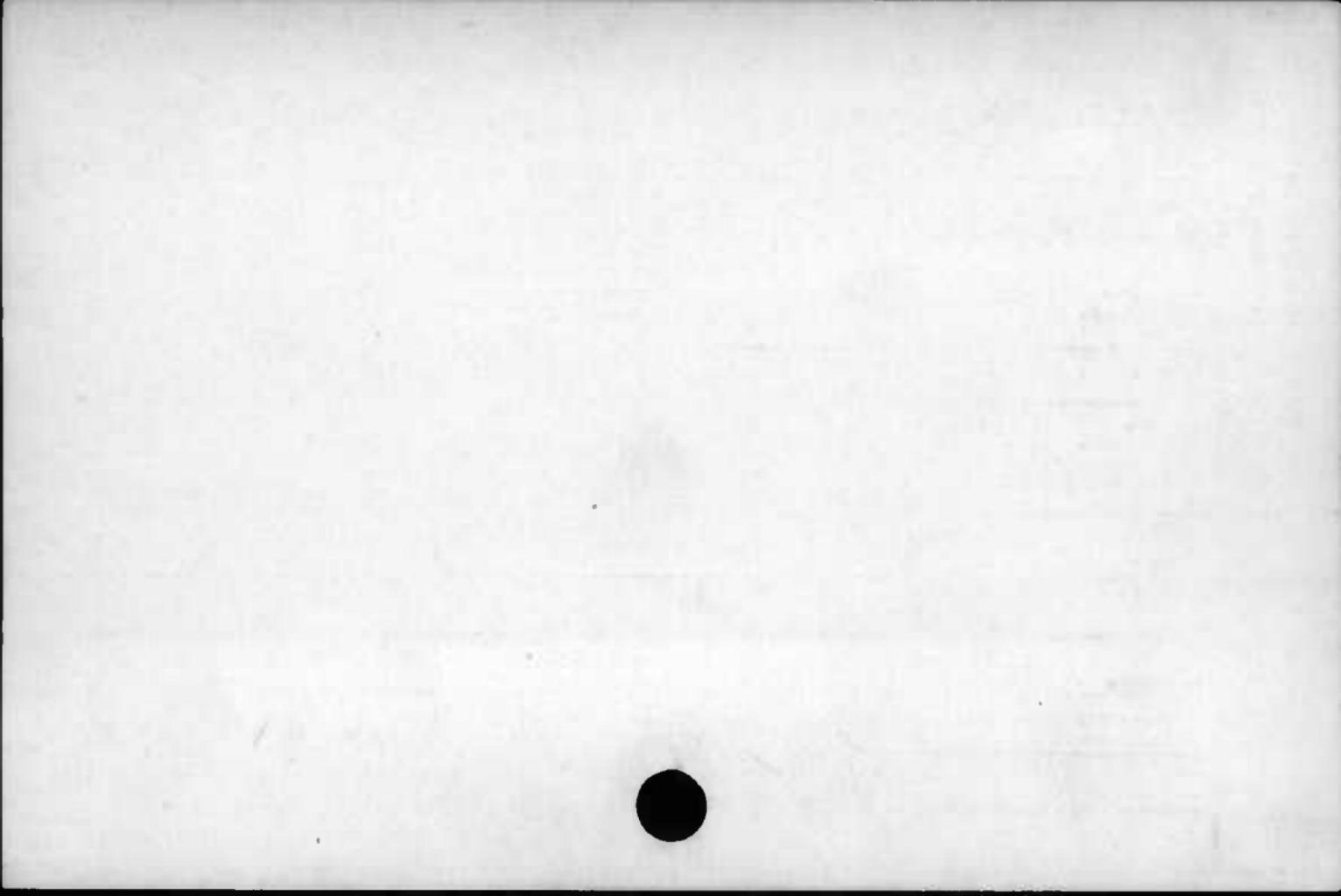
Address

A. W. Hartman.
Cumberland
Md.

LOUIS STEIN.

Accident or Suicide?

No



Name
in
Full

Robt. Becker -

Allegany

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Cross Roads -

County

MARYLAND

Date of death 1906.

Town

Month

Day

Year

Age

36 -

Months

Days

Sex

Male -

Color or Race

Place

Harrisonburg

Occupation

Cook -

Where Residing if not at place of death

Laytonland -

Married, Single
~~Widowed~~

Name of Wife or Husband

Felicie P. Barker -

Father's Name

Robert Gieseby

Father's Birthplace

Frederick

Mother's Maiden Name

Louisa Giespor

Mother's Birthplace

Penns Co., Pa

Name of person giving information

Felicie P. Barker. (21)

How related to deceased

Hife

CAUSES OF DEATH

Primary

Tuberculosis of lung

How long

8 weeks.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Surgeon General, M.D.
637 N. Mechanic St.

✓
PHYSICIAN
OR CORONER

Accident or Suicide?

Dr Sparks

Name
in
Full

Herbert M. Cook

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Ellerslie

County

Allegany

MARYLAND

Date
of death

1906

Month

May

Day

7

Years

10

Sex

Male

Color or
Race

Age

10

Months

—

Days

—

Occupation

Schoolboy

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Norman L. Cook

Father's
Birthplace

Ellerslie

Mother's
Maiden Name

Annie Newman

Mother's
Birthplace

Name of person giving
Information

Norman L. Cook

How related
to deceased

"
Father

CAUSES OF DEATH

Primary

(166)

How long

Immediate

R.R. accident

How long

4 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

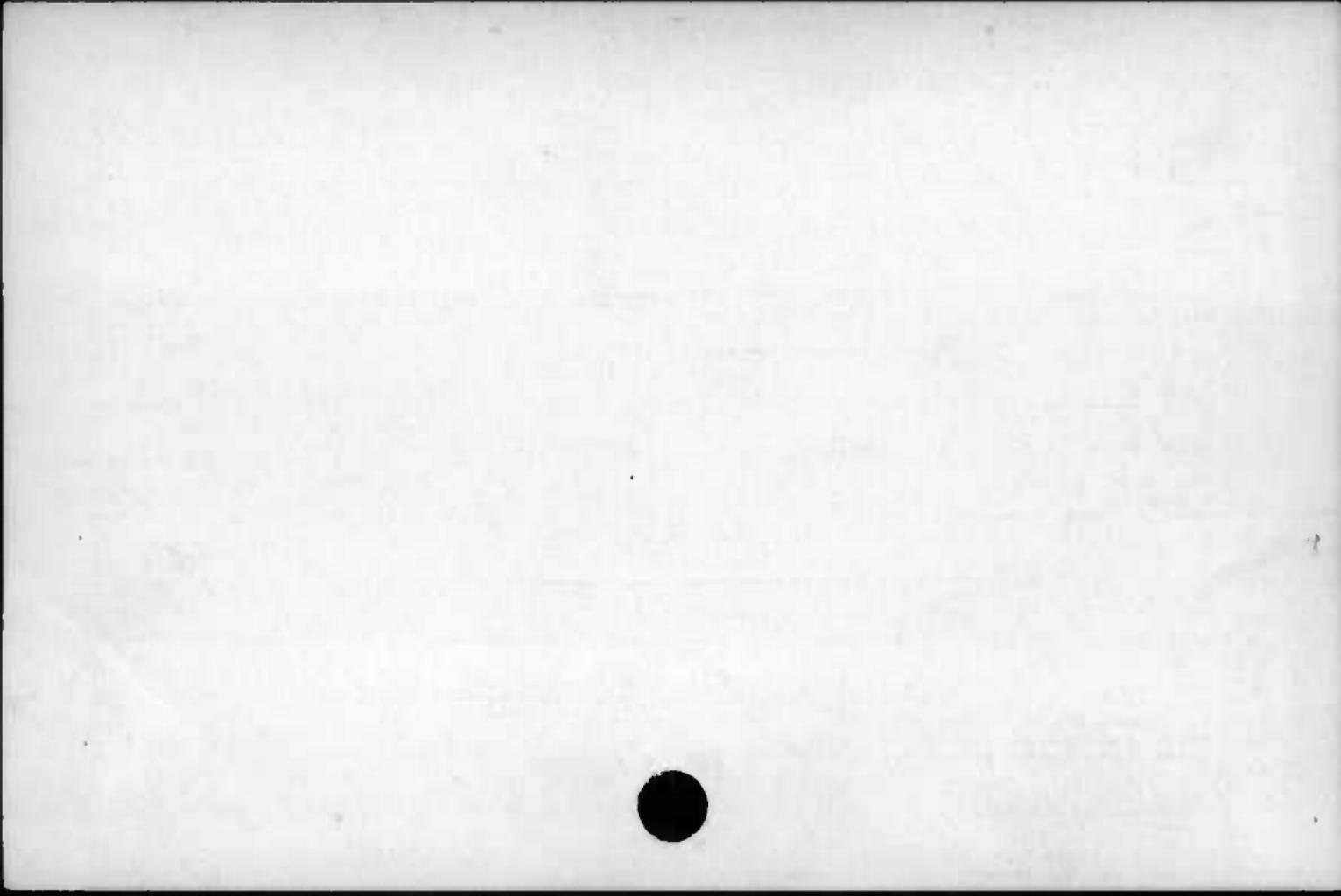
Address

J. Care Smith M.D.
Ellerslie Md.

LOUIS STEIN

Accident or Suicide?

accident



Name
in
Full

Adezza A Crabtree

CERTIFICATE OF DEATH

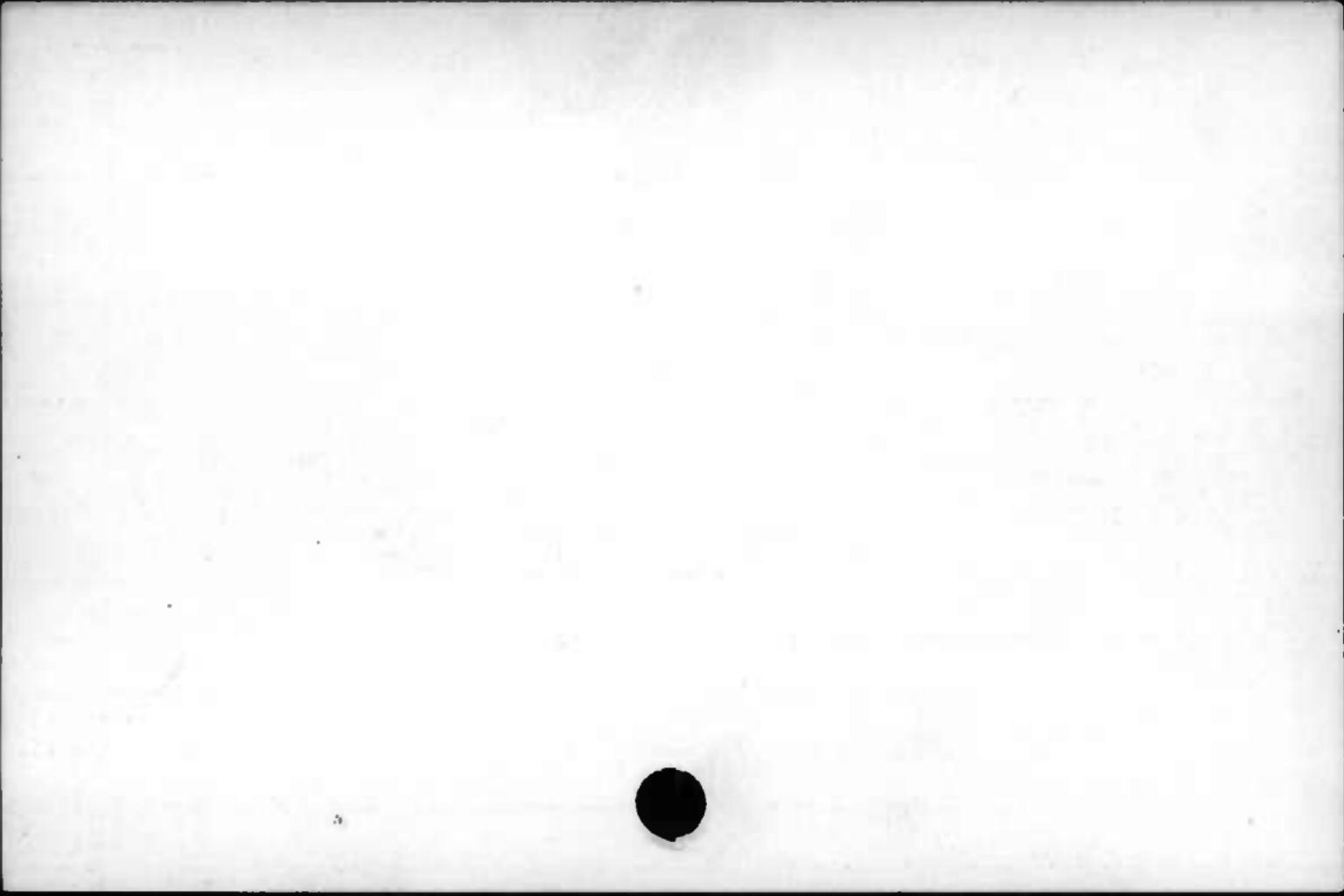
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1906	May	10	54		7	16	
Sex	Female	Color or Race	White		Birth-place	Md	
Occupation	Housewife		Where Residing if not et place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Joseph L Crabtree				
Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving Information	Etta Crabtree		How related to deceased Daughter				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Nephritis	(70)	How long	1 or 2 yrs
Immediate	Exhaustion + Nervous Conv.		How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. Broadus Fox	
		Address	Cumberland Md	
Accident or Suicide?	20		*	



Name
in
Full

Richard Dabney

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Cumberland	Allegheny	Months	Days	
Date of death	Month	Day	Years	Age	supposed 103
Sex	Male	Color or Race	Birth-place		
Occupation	Laborer	Colored	Richmond Virg		
Married, Single or Widowed	Married	Name of Wife or Husband	Where Residing if not at place of death		
Father's Name	—	—	Father's Birthplace		
Mother's Maiden Name	—	—	Mother's Birthplace		
Name of person giving information	Mary Dabney	How related to deceased	Wife		

CAUSES OF DEATH

Primary

Polyuria

How long

4 Weeks.

Immediate

Scrofulous Strokes

How long

3 op.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

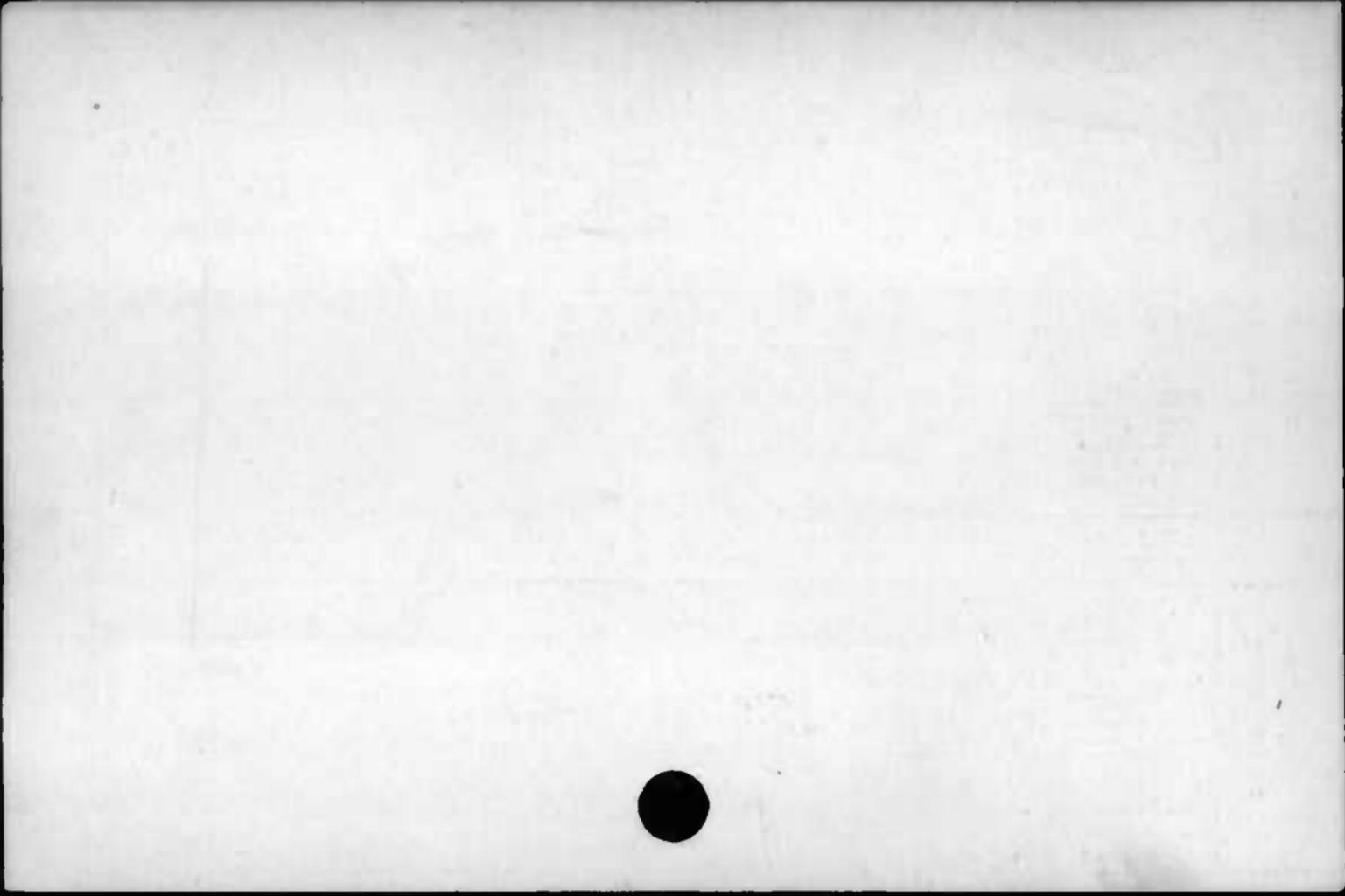
Address

C.H. Brace, M.D.

Cumberland Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Mrs Caroline Dawson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Linwood.

County
Accomack

MARYLAND

Date of death 1906 Month 5 Day 20

Age 58 Years -

Months : Days :

Sex Female

Color or Race

White

Birth-place Pittsburgh

Occupation

Housewife

Where Residing If not
at place of death

Grosberry

Married, Single
or Widowed

Name of Wife or
Husband

Devon Dawson

Father's
Name

Henry Dugay

Father's
Birthplace

Georgia

Mother's
Maiden Name

Maggoline Liffey

Mother's
Birthplace

Georgia

Name of person giving
Information

Hannah Roberson

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Bright's disease

How long

6 weeks

Immediate

Bright's disease

How long

6 weeks

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Wm W. Noble M.D.

Address

Wedding Chapel -

Accomack Island.

Accomack Island

Dr. Hobke

Name
in
Full

Bruce William Derner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Cumberland Md.	Alleg.			
Date of death	Month	Day	Years	Months	Days
1906	May	19	Age	8	17
Sex	Male	Color or Race	White	Birth-place	Cumberland Md.
Occupation				Where Residing if not at place of death	260 Columbia Ave.
Married, Single, or Widowed				Name of Wife or Husband	
Father's Name	R. C. Derner			Father's Birthplace	Cressington
Mother's Maiden Name	Clara Close			Mother's Birthplace	Hagerman Pa
Name of person giving information	R. C. Derner			How related to deceased	Father

CAUSES OF DEATH

Primary	Pertussis (Whooping Cough)	How long	About 4 wks.
Immediate	Ordinary of lungs	How long	About 12 hrs.

Are the name, age, sex, color, date and place correctly given above?

Yes!

Signature of Physician

Address

Edward J. Farris M.D.
28 Bedford Street
Cumberland Md.

PHYSICIAN
OR CORoner

Accident or Suicide?

100



Name
in
Full

Daniel B. Frantz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u>		Town <u>Allegany</u> County		MARYLAND				
Date of death <u>1906</u>	Month <u>May</u>	Day <u>30</u>	Years <u>34</u>	Age <u>34</u>	Months <u>10</u>	Days <u></u>		
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Cumberland</u>				
Occupation <u>Clerk.</u>	Where Residing if not at place of death <u>-</u>							
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Elisie</u>							
Father's Name <u>Daniel Frantz</u>			Father's Birthplace <u>Cumberland</u>					
Mother's Maiden Name <u>Dead</u>			Mother's Birthplace <u></u>					
Name of person giving information <u>Daniel Frantz</u>			How related to deceased <u>Father</u>					

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Tubercular Laryngitis

How long

7 years

Immediate

Exhaustion

How long

Six weeks

Are the name, age, sex, color, date and place correctly given above?

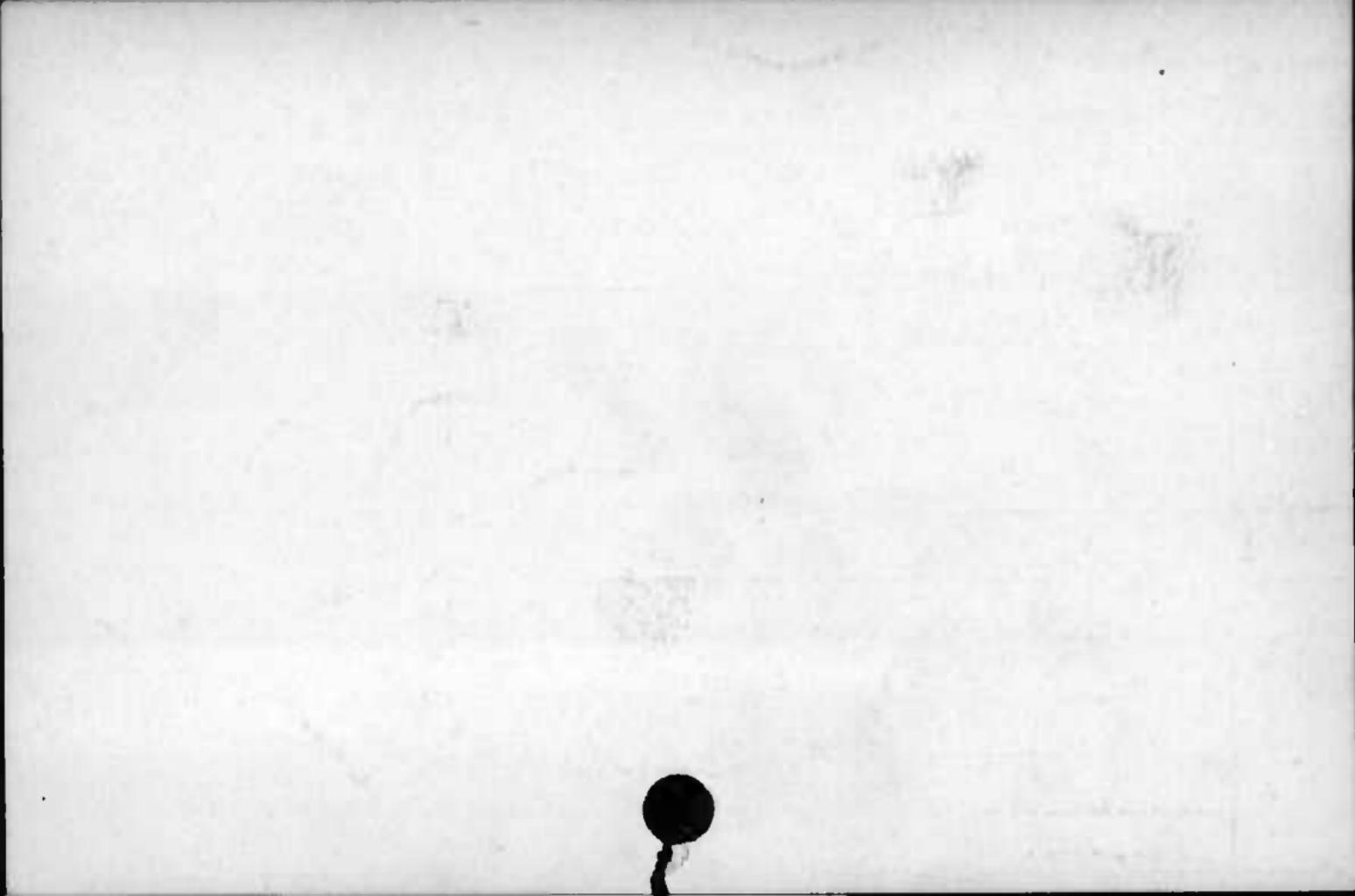
Yes.

Signature of Physician

Address

P. Y. Richter
Cumberland
Md

Accident or Suicide?



Name
in
Full

Benjamin Frazer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	male	Color or Race	White	Birth-place	Bard Pa		
Occupation	Where Residing if not at place of death		Bard Pa				
Married, Single or Widowed	Name of Wife or Husband		-				
Father's Name	-		Father's Birthplace				
Mother's Maiden Name	-		Mother's Birthplace				
Name of person giving Information	a F Sheier		How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Injury from Horse Kick	How long	2 djs.
Immediate	Shark.	How long	
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	Hrs. S. Kom M.D.
		Address	Baltimore
Accident or Suicide?			



Name
in
Full

George Wiley Hambright

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race		Age	Birth-place			
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	C. C. Hambright		Father's Birthplace				
Mother's Maiden Name	Anna Wadsworth		Mother's Birthplace				
Name of person giving Information	C. C. Hambright		How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Epilepsy (6) How long

Immediate Congestion of Brain 6 days How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Dr W.W. Wiley

Address

Mc Cumberland
Md

LOUIS STEIN,

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County		
Date of death	Month	Year	Months	Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	—		
Father's Name	Solomon Hansel			
Mother's Maiden Name	Dybil Knorr			
Name of person giving Information	James Lemard (93) Son			

CAUSES OF DEATH.

Primary

- bronchitis

How long

4 weeks

Immediate

Pneumonia & purulent

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Cobey Frostburg, Md.

Accident or Suicide?

Yes

Hansel Cemetery
Island of Mayer.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Rachael G. Kuecere

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Munths	Days	
Sex	Color or Race	Age				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Martin Kuecere				
Father's Name						Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving information	Martin Kuecere					How related to deceased

CAUSES OF DEATH

Primary

Carcinoma

(45)

How long

18 mo

Immediate

Exsanguination

How long

0 0 w/60

PHYSICIAN
OR CORONER

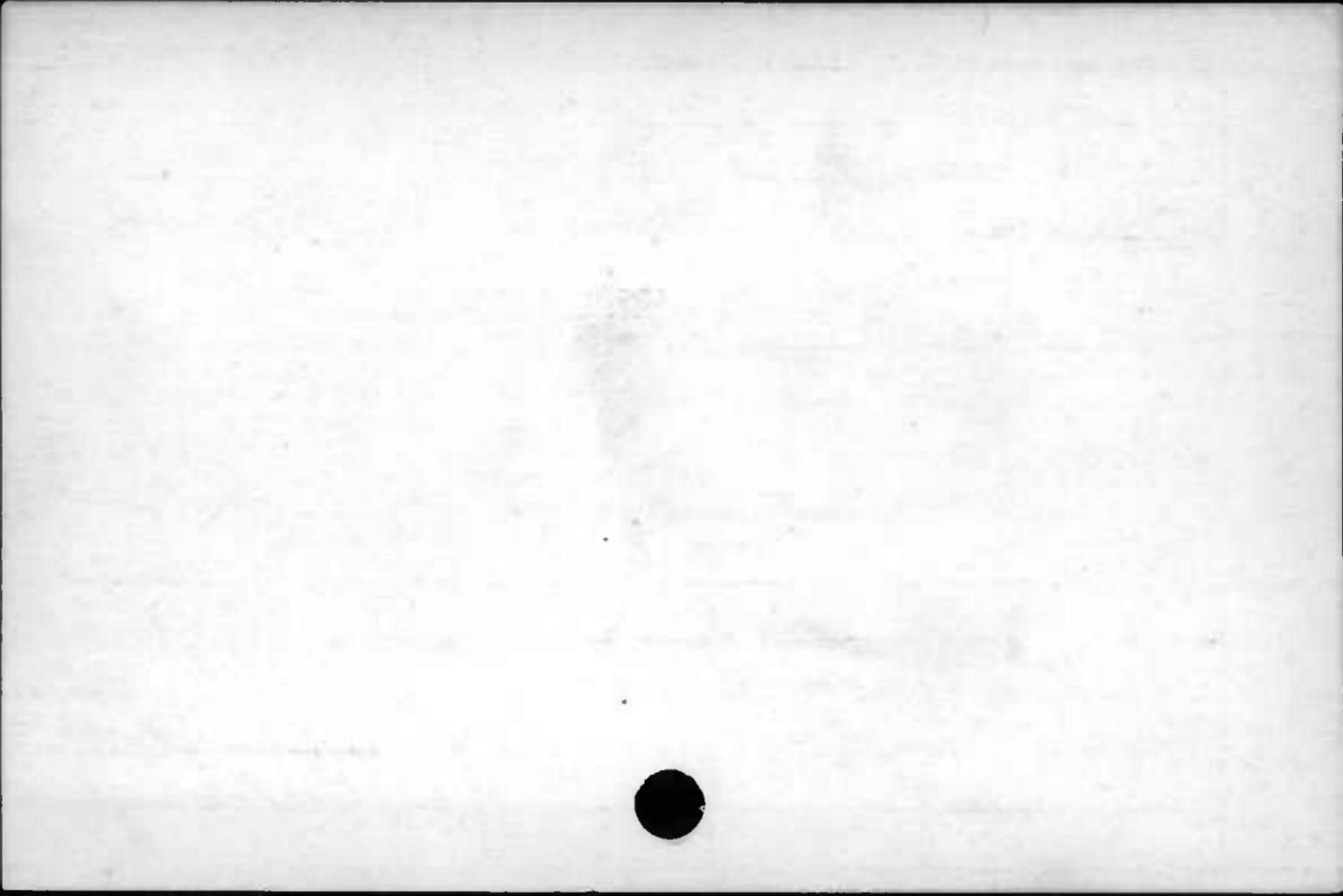
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. H. Trigg,
Cumberland,
Md.

Accident or Suicide?



Name
in
Full

Samantha C. Killray

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at	Town	County			
Date of death	Month	Day	Years	Months	Days
1906	May	24	Age 66	9	
Sex	Color or Race	Birth-place			
Female	White	Pa			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband	William A Killay		
Married					
Father's Name					
Mother's Maiden Name					
Name of person giving information	Richard P Killary Son				

CAUSES OF DEATH

Primary - How long

Immediate Cancer of the Stomach How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

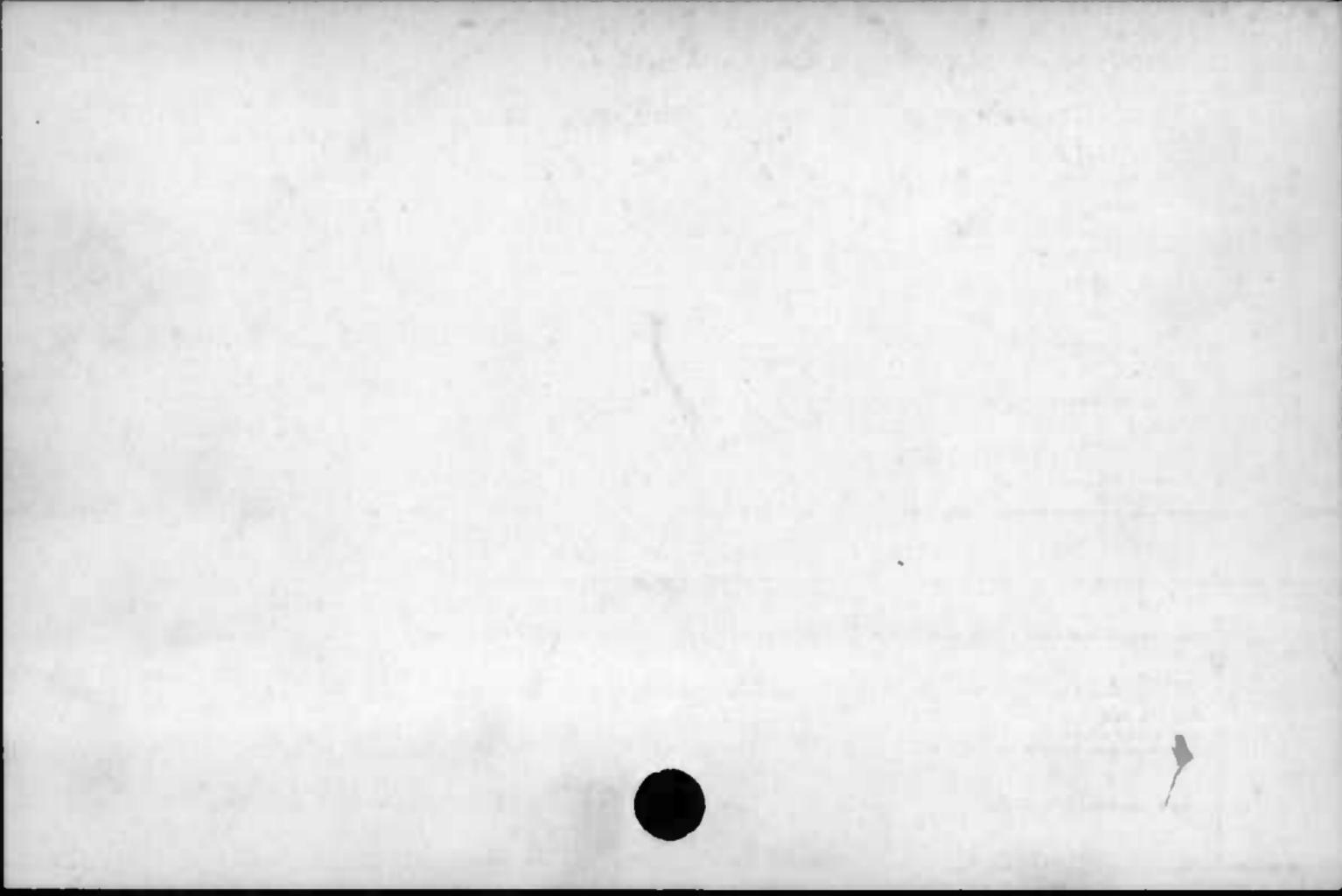
LOUIS STEIN.

Signature of Physician

Address

James J Johnson M.D.
Baltimore and Md

Accident or Suicide?



Name
in
Full

Patrick H. Hughes

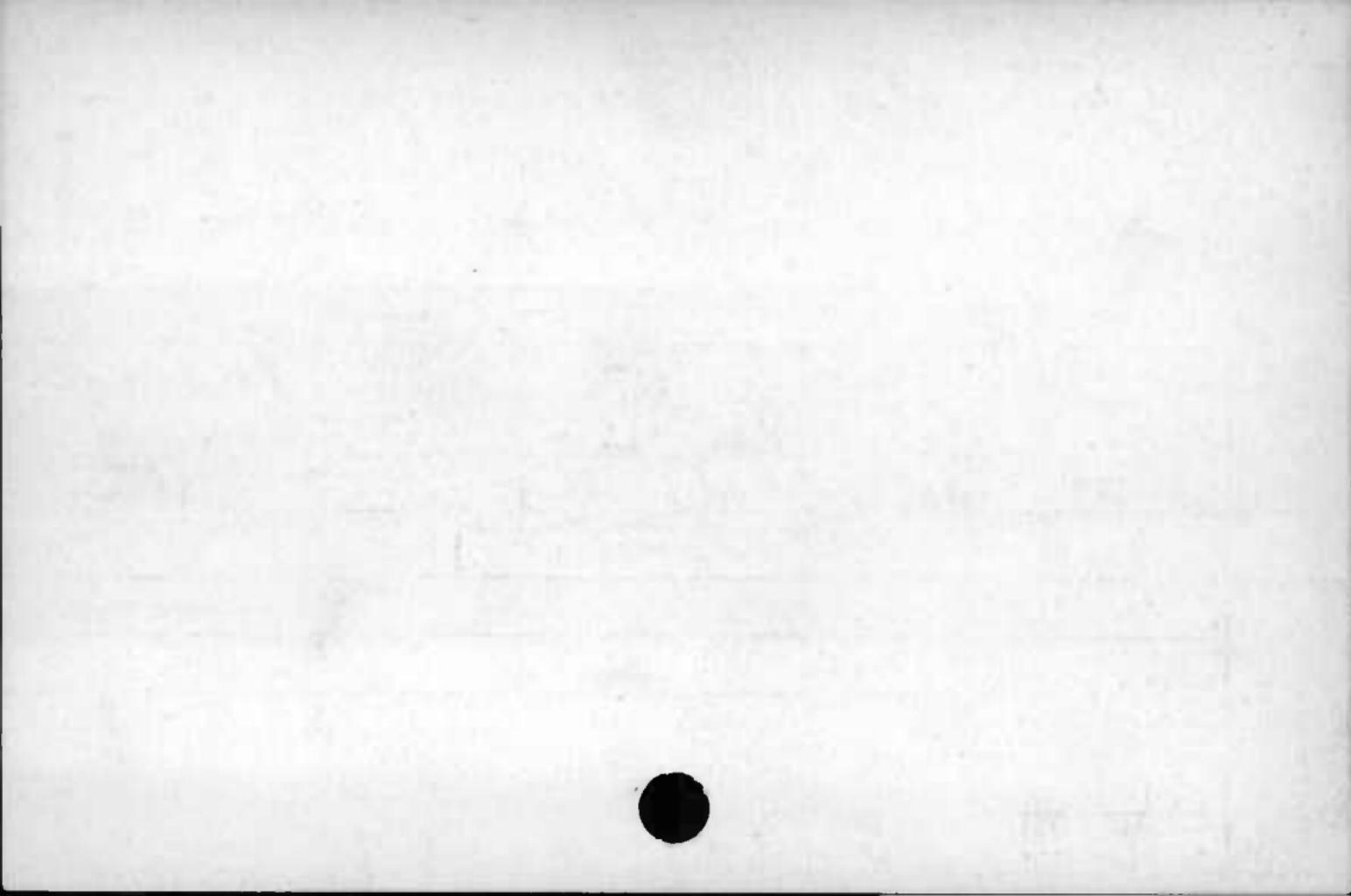
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Where	Birth-place	Md -	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	— — — —				
Father's Name	Henry Hughes -					Father's Birthplace
Mother's Maiden Name	Mfrey Maher - 166					Mother's Birthplace
Name of person giving information	Mary P. Hughes					How related to deceased

CAUSES OF DEATH

Primary	Killed by face of lumber	How long
Immediate	Suffocation	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
PHYSICIAN OR CORONER	O. H. Brace, M. D.	
	Accident or Suicide?	
	Accident Md	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

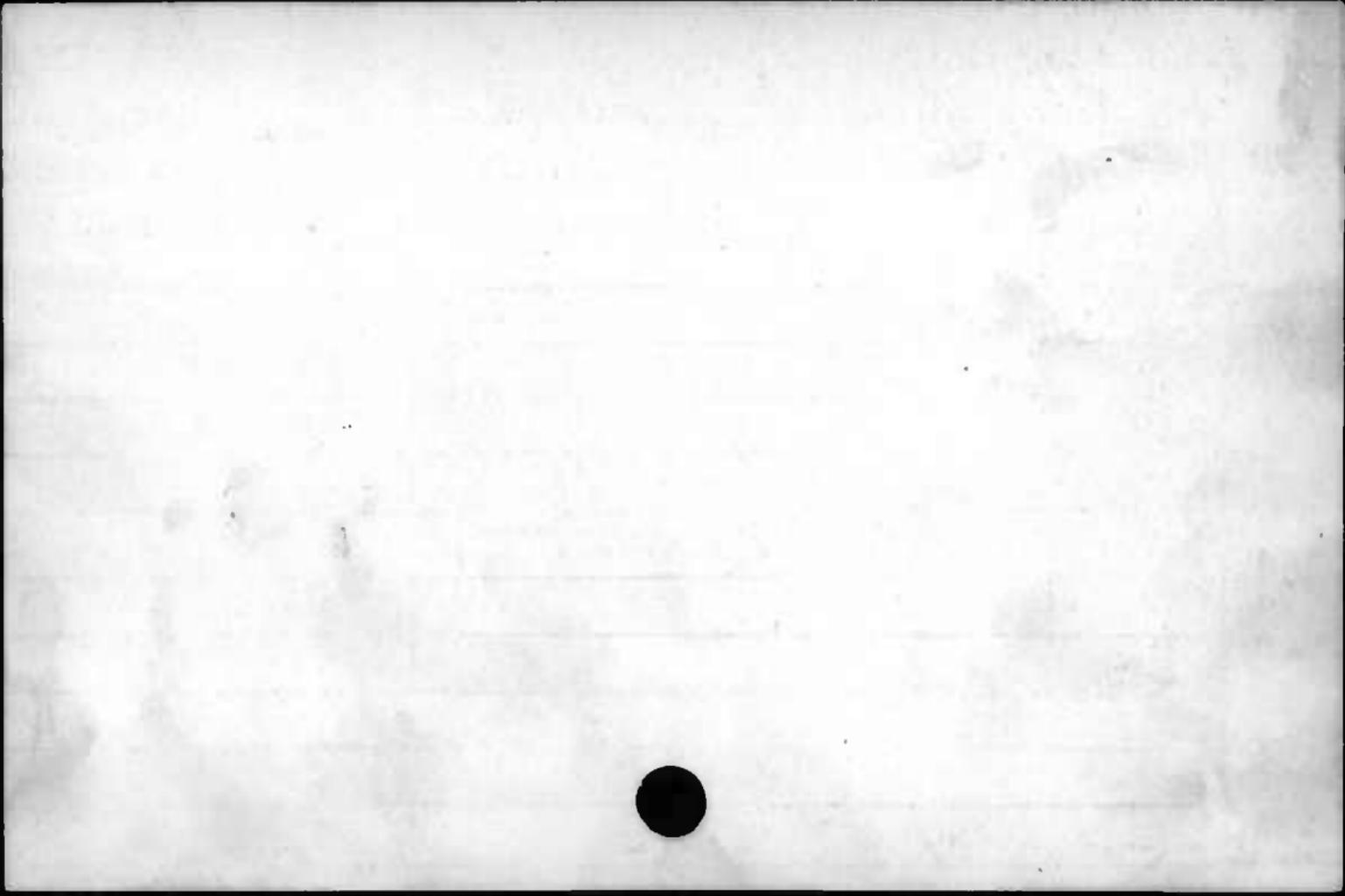
Kemp

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	white			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Wm. Kemp				
Mother's Maiden Name	Annie Leet				
Name of person giving information	Wm. Kemp - Father				
Father's Birthplace Cumberland Md					
Mother's Birthplace Hagerberg Va					
How related to deceased Father					

CAUSES OF DEATH

Primary	still born + more	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		C. L. Clowers M.D. 98 Va Cumberland Md



Name
in
Full

Barthomley Kilcorm

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Concord Town

County

MARYLAND

Date of death 1906 Month May

Day 27

Years

Age 86

Months

Days

Sex Male

Color or Race White

Birth-place

St. Louis Mo

Occupation Garrison

Where Residing if not
at place of death

Married, Single
or Widowed Widowed

Name of Wife or
Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving
Information Winifred Doll

How related
to deceased daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old age

(54)

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Dr Thomas Skoon

LOUIS STEIN

Address

Cumberland Md

Kron

Accident or Suicide?



Name
in
Full

Elizabeth Kretzberg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Baltimore

County

allegany

MARYLAND

Date
of death

Month

Day

Years

Days

1906

5

19

26

—

Age

Sex

female

Color or
Race

white

Birth-
place

are

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

singer

Name of Wife or
Husband

Father's
Name

George Kretzberg

Father's
Birthplace

Wed

Mother's
Maiden Name

Lyon

Mother's
Birthplace

Wed

Name of person giving
Information

Drexel (undertaker)

How related
to deceased

wife

CAUSES OF DEATH

(15)

Primary

Tubercleoma of Heart

How long

2 years

Immediate

Exhaustion

How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. M. Price
Baltimore Md

Accident or Suicide?

you
are

Name
in
Full

Ellen Kuech

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town Died at	Cumberland		County	Maryland	
Date of death	Month	Day	Years	Months	Days
1906	May	7	45	9	-
Sex	Female	Color or Race	John	Birth- place	Md
Occupation	Housewife				
Married, Single or Widowed	Never		Where Residing if not at place of death	J Edward Kuech	
Father's Name	Conney		Father's Birthplace	Md	
Mother's Maiden Name	Mary Conney		Mother's Birthplace	Md	
Name of person giving Information	Laura Conney		How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis & Pericarditis Bronchitis		How long	6 Mo.
Immediate	Exhaustion		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	G. H. Bradup MD.
			Address	Cumberland Md
Accident or Suicide?		N	55 Va an	

angt Park 42

MD

~ V V ~

✓x

Name
in
Full

James Gordon Linserman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years Months Days	
1906	May	10	— — 3	
Sex	Color or Race	Birth-place		
Male	White	Cumberland.		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	—		
—	—			
Father's Name	August Linserman			
Mother's Maiden Name	Annie F. Bennett			
Name of person giving information	August Linserman			
CAUSES OF DEATH				
Primary	How long			
Immediate	(15)	How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes.		J. J. Cole, M.D.		
		Address C. Cumberland Md		

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Thomas McHugh

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Years	Months	Days
1906	May	7	Age	72
Sex	Color or Race	Birth-place		
Male	White	Ireland		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Mary Bonnay McHugh		
Married		91	Ireland	
Father's Name	Thomas McHugh			
Mother's Maiden Name	Anderson			
Name of person giving Information	Mrs. Thomas McHugh			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Bronchitis	How long	3 years
Immediate	Malnutrition. Heart failure	How long	1 week.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Henry D. Hodgson
Yes		Address	Lonaconing, Maryland.
Accident or Suicide?		No	



Name
in
Full

Meyer (Infant of Joseph Meyer)

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months
1906	May	29	/
Age	—	—	Days
Sex	Female	Color or Race	white
Occupation	Infant	Where Residing if not at place of death	—
Married, Single or Widowed	Single	Name of Wife or Husband	—
Father's Name	Joseph Meyer		
Mother's Maiden Name	Mary Wunder		
Name of person giving Information	Joseph Meyer (15)		

CAUSES OF DEATH

Primary: Premature Delivery (7 mos) How long —

Immediate: unknown How long Several hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

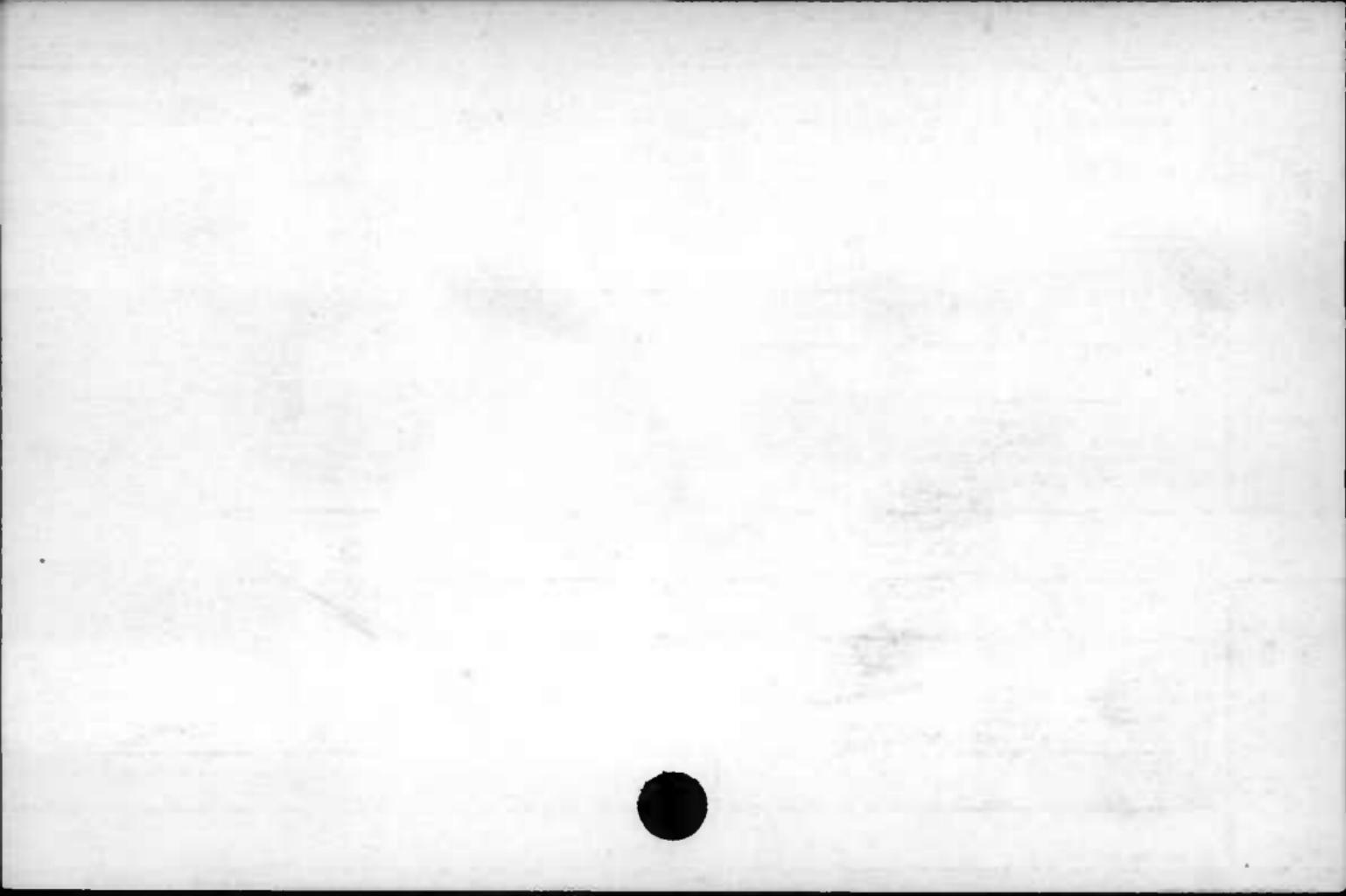
E. J. Gause

Address

Cumberland, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Ms. Sarah Miles

CERTIFICATE OF DEATH

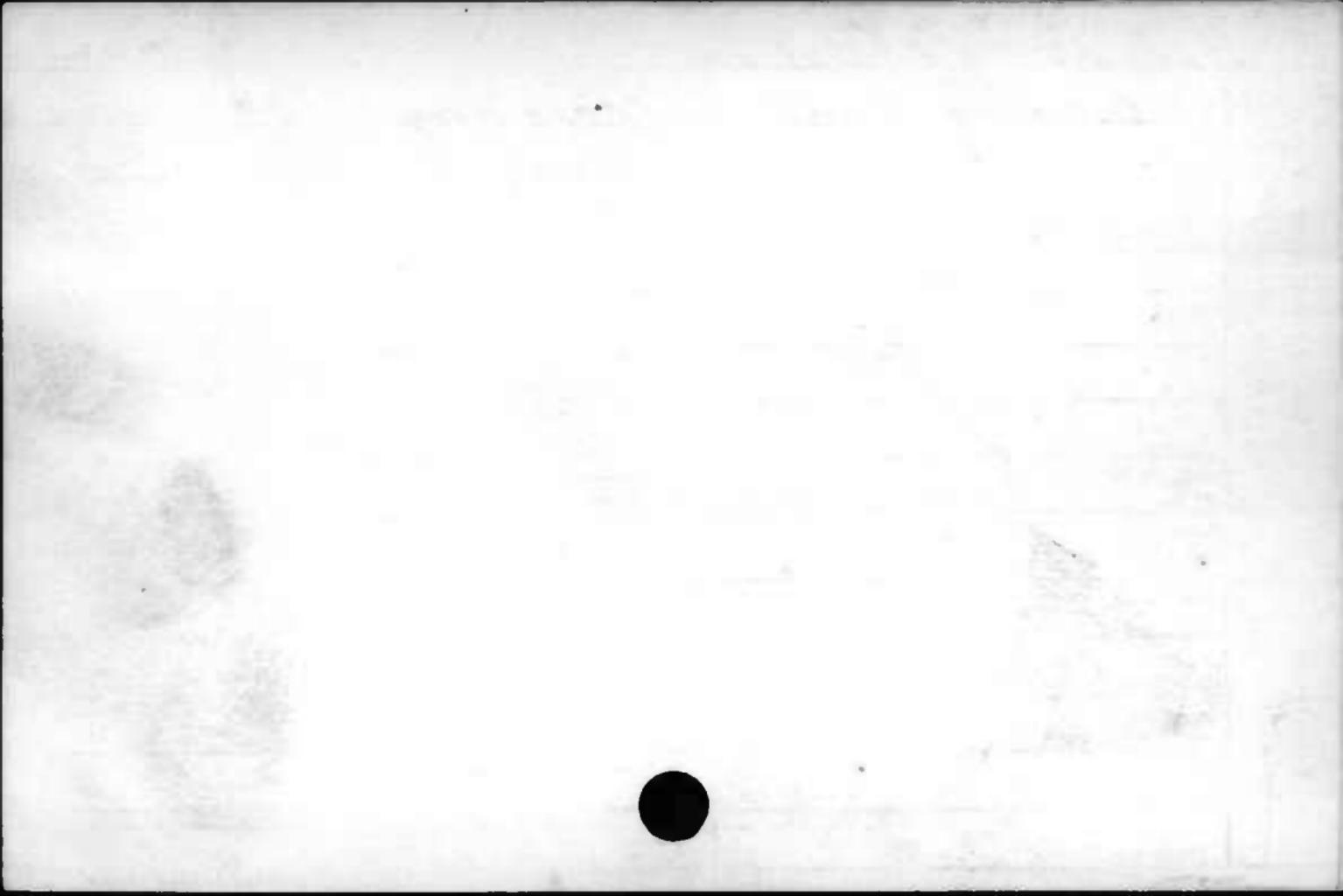
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age	England		
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Husband	Samuel Mills	Father's Birthplace	England	
Father's Name	Samuel Fitchngate			Mother's Birthplace	"	
Mother's Maiden Name	Cirry Doulis			How related to deceased	Daughter	
Name of person giving information	Mr John Duvaet					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's disease	How long	One year
Immediate	Cerebral hemorrhage	How long	48 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. B. Skilling M.D.
		Address	Lonaconing,
Accident or Suicide?	X		



Name
in
Full

D. Morrison

5/1/1

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1906	Month 5	Age about 19 years	Months	Days
Sex	Male	Color or Race	White	Birth-place	-
Occupation	Brakeman		Where Residing if not at place of death	Cornellsville T.	
Married, Single or Widowed	Name of Wife or Husband		M.P.		
Father's Name	—		Father's Birthplace	—	
Mother's Maiden Name	—		Mother's Birthplace	—	
Name of person giving information	G.S. Butler		How related to deceased	—	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Engine backed down and hit at 380 Ward house

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Francis Henry Michodamus CERTIFICATE OF DEATH
Town County MARYLAND

Died at	the Savage Beegamy		Age	Years	Months	Days
Date of death 1906	Month	Day				
Sex Male	Color or Race	White				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John E. Michodamus					
Mother's Maiden Name	Anna H. T. Hussey					
Name of person giving information	J. E. Michodamus					
CAUSES OF DEATH						
Primary	Scarlet fever ①					
Immediate	Cardiac dysrhythmia					
Are the name, age, sex, color, date and place correctly given above?						
Yes						
Signature of Physician						
Address						

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

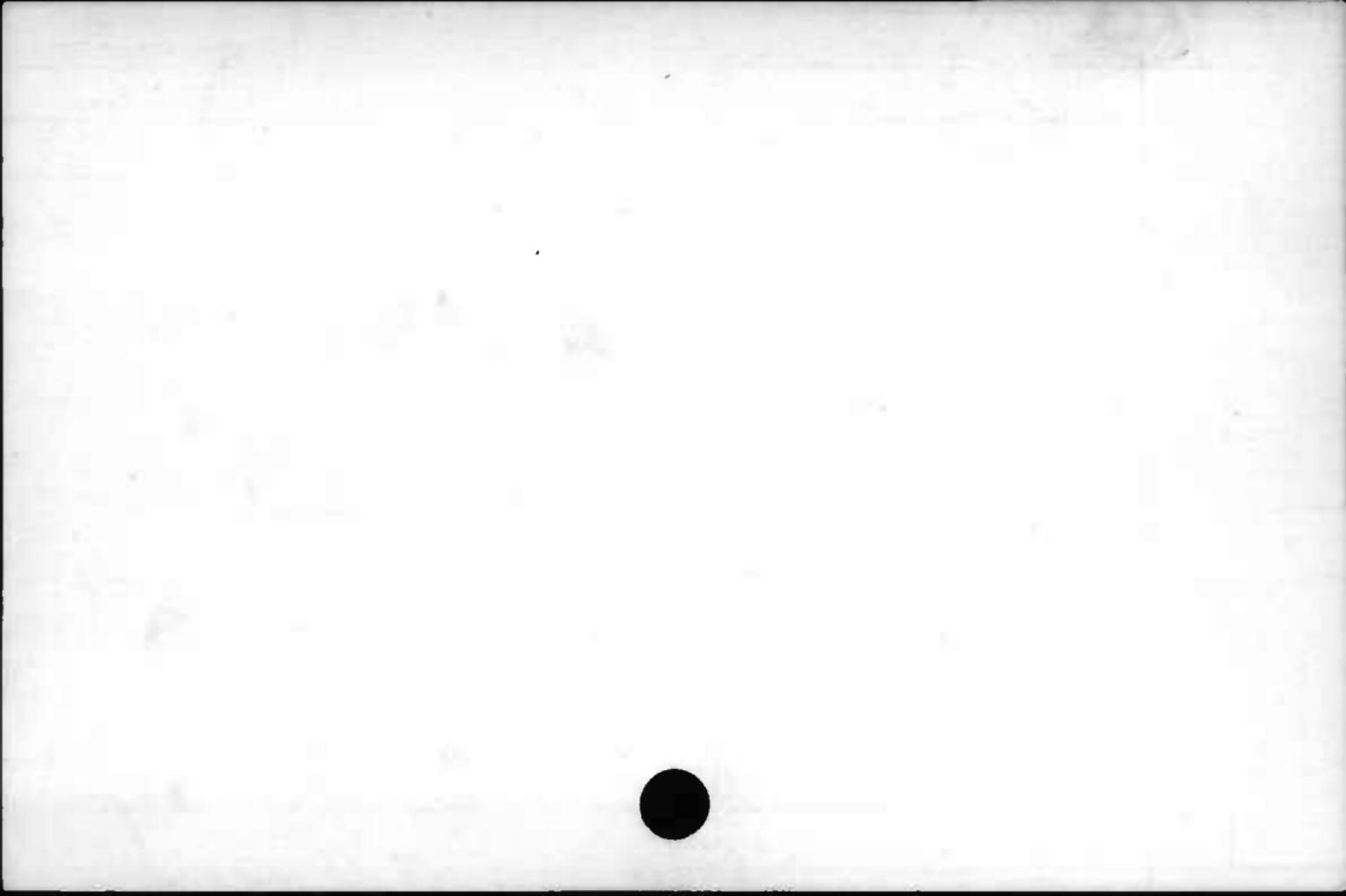
Cecil Nichols.

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	Birth-place	—
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace	Sonacoming	
Father's Name	James M. Nichols		Mother's Birthplace	Sonacoming	
Mother's Maiden Name	Gerty Organ		How related to deceased	Father	
Name of person giving information	James M. Nichols				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Whooping Cough	How long
	Immediate	Capillary Bronchitis	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?		220	



Name
in
Full

Mrs Laura A Norton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	May	28	Age	48	
Sex	Female	Color or Race	White	Birth-place	Pa
Occupation	Housewife		Where Residing if not at place of death	Western Md. Hospital	
Married, Single or Widowed	Married	Name of Wife or Husband	a B Norton		
Father's Name	Adolphus Abe		Father's Birthplace	Pa	
Mother's Maiden Name	White		Mother's Birthplace	Penn	
Name of person giving information	a. B. Norton		How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Strangulated Hernia



How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

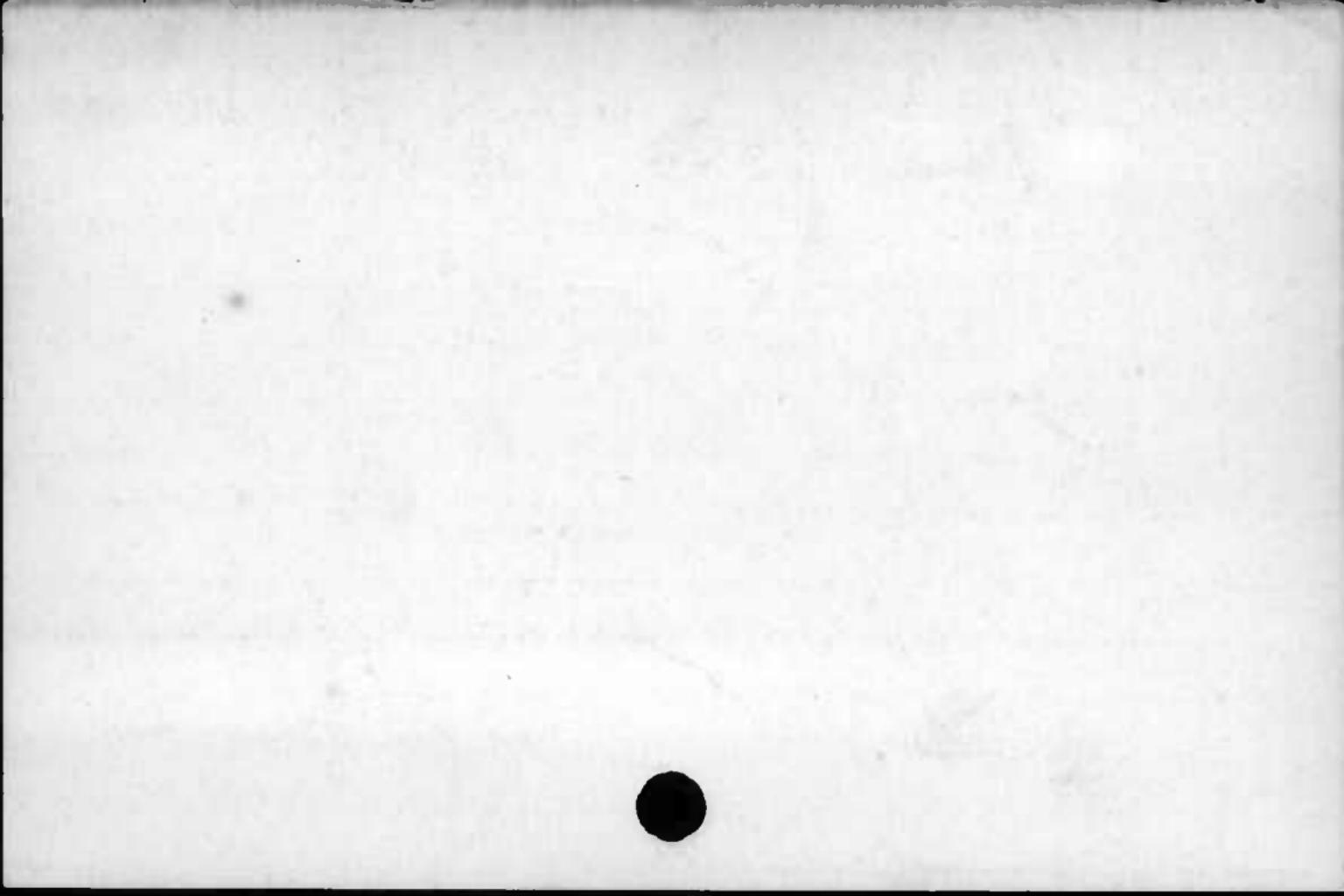
Signature of Physician

Dr W.H. Noble

Address

LOUIS STEIN

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Maggie Stewart Orr

CERTIFICATE OF DEATH

MARYLAND

Died at Bartow

Town

County

allegany

Date of death 1906 Month May Day 9 Age 56 Year 1906 Months 1 Days 1

Sex Female Color or Race White

Birth-place

W. Va.

Married, Single or Widowed

Married

Occupation

SHW

Name of Wife Husband

Wm. Orr, Jr.

Father's Name

JAMES STEWART

Father's Birthplace

W. Va.

Mother's Maiden Name

Elizabeth Stewart

Mother's Birthplace

W. Va.

Name of person giving information

H. M. Orr

How related to deceased

Brother-in-Law

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

(1)

How long

Instant death

Immediate

(1)

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

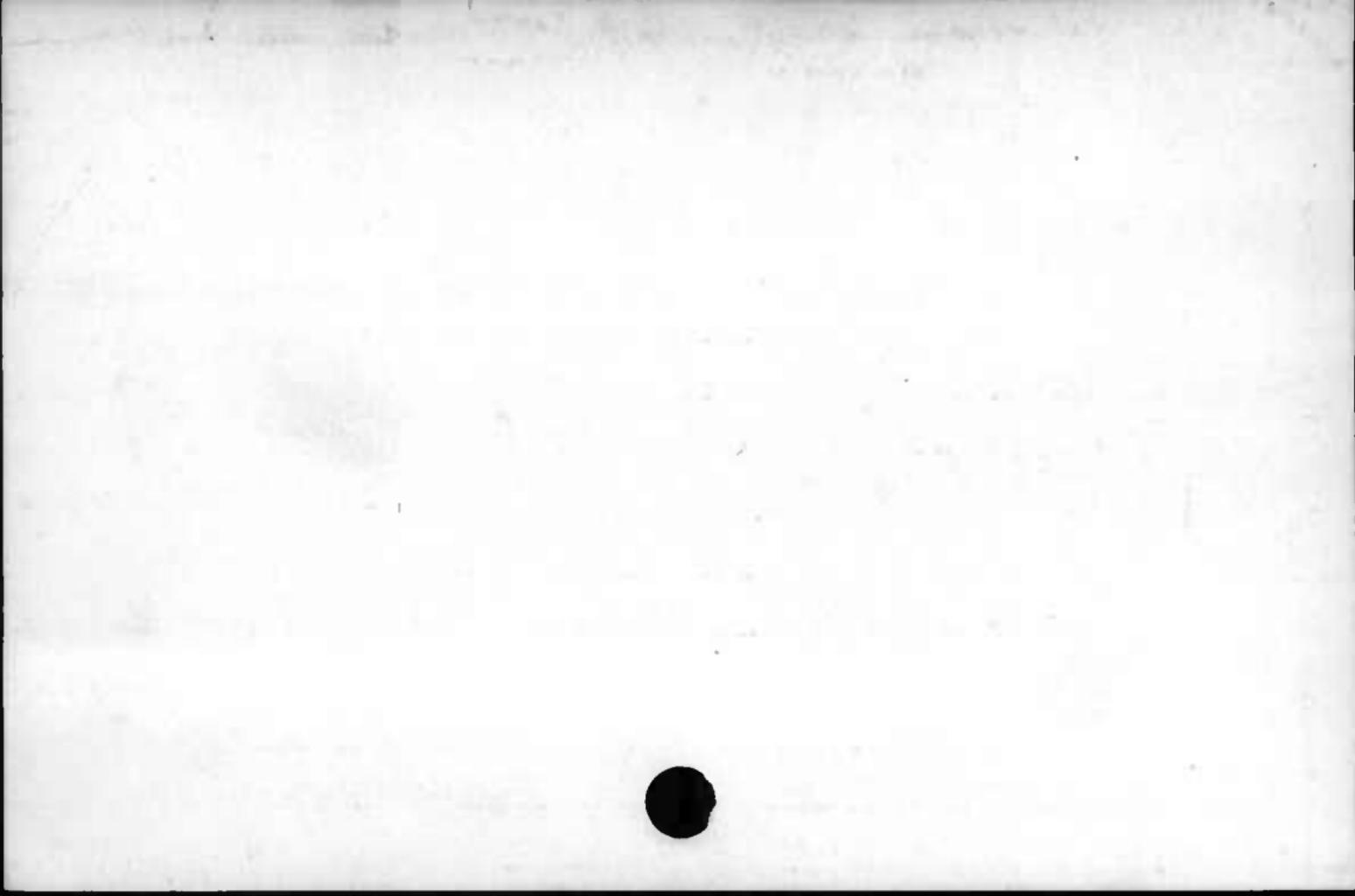
S. A. Boucher

Address

Bartow Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Portland

CERTIFICATE OF DEATH

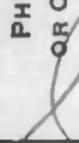
To BE ANSWERED BY
NEAREST FRIEND

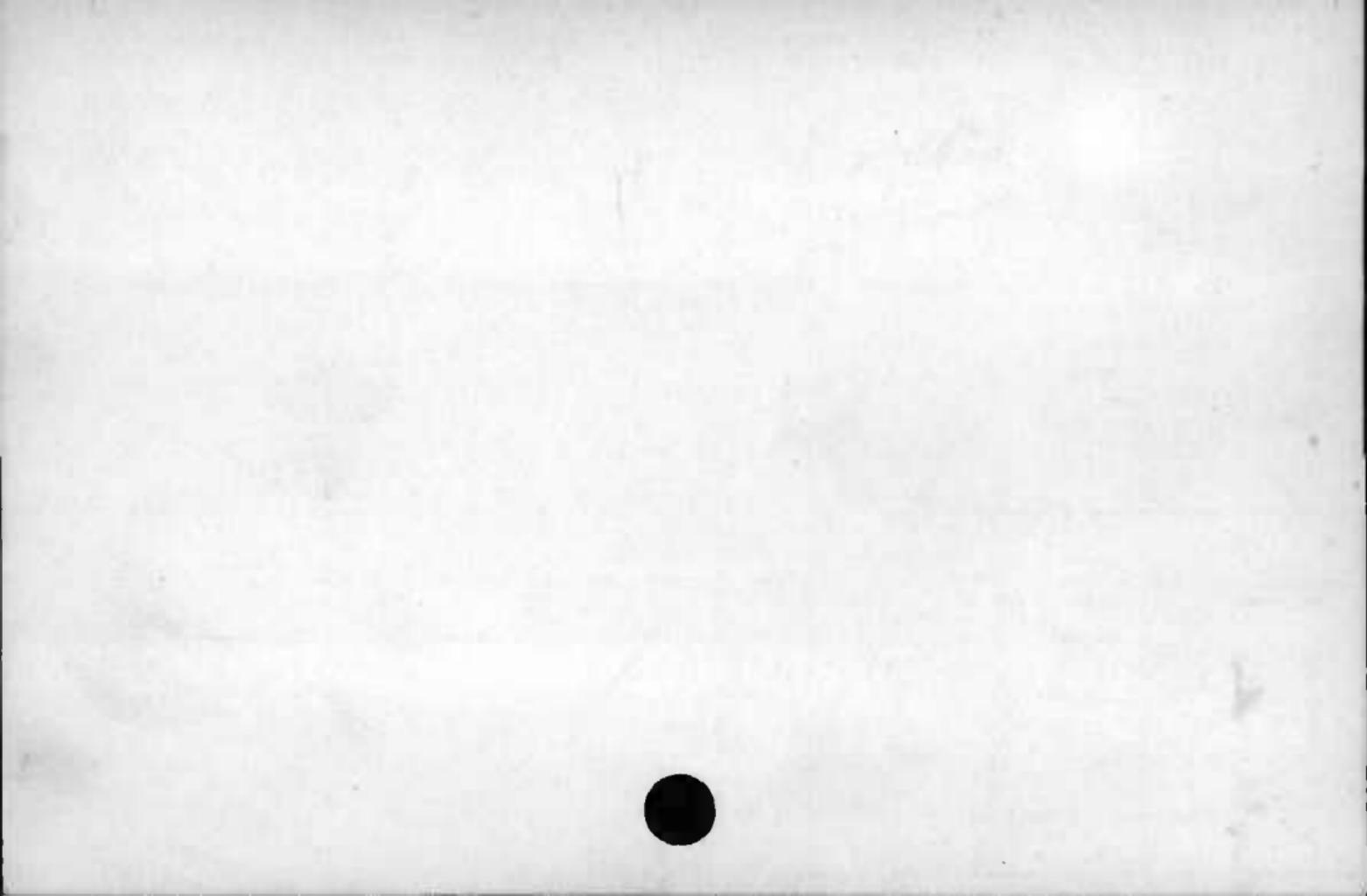
Died at	Town	County	MARYLAND		
1906	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Simon Portland	SD	Father's Birthplace	Italy	
Mother's Maiden Name	May Lueen	SD	Mother's Birthplace	Md.	
Name of person giving information	May Portland	SD	How related to deceased	Mother	

CAUSES OF DEATH

Primary	Hydrocephalus (stillborn)	How long
Immediate	Hydrocephalus child	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		

PHYSICIAN
OR CORONER





Name
in
Full

Frank Quinn

CERTIFICATE OF DEATH

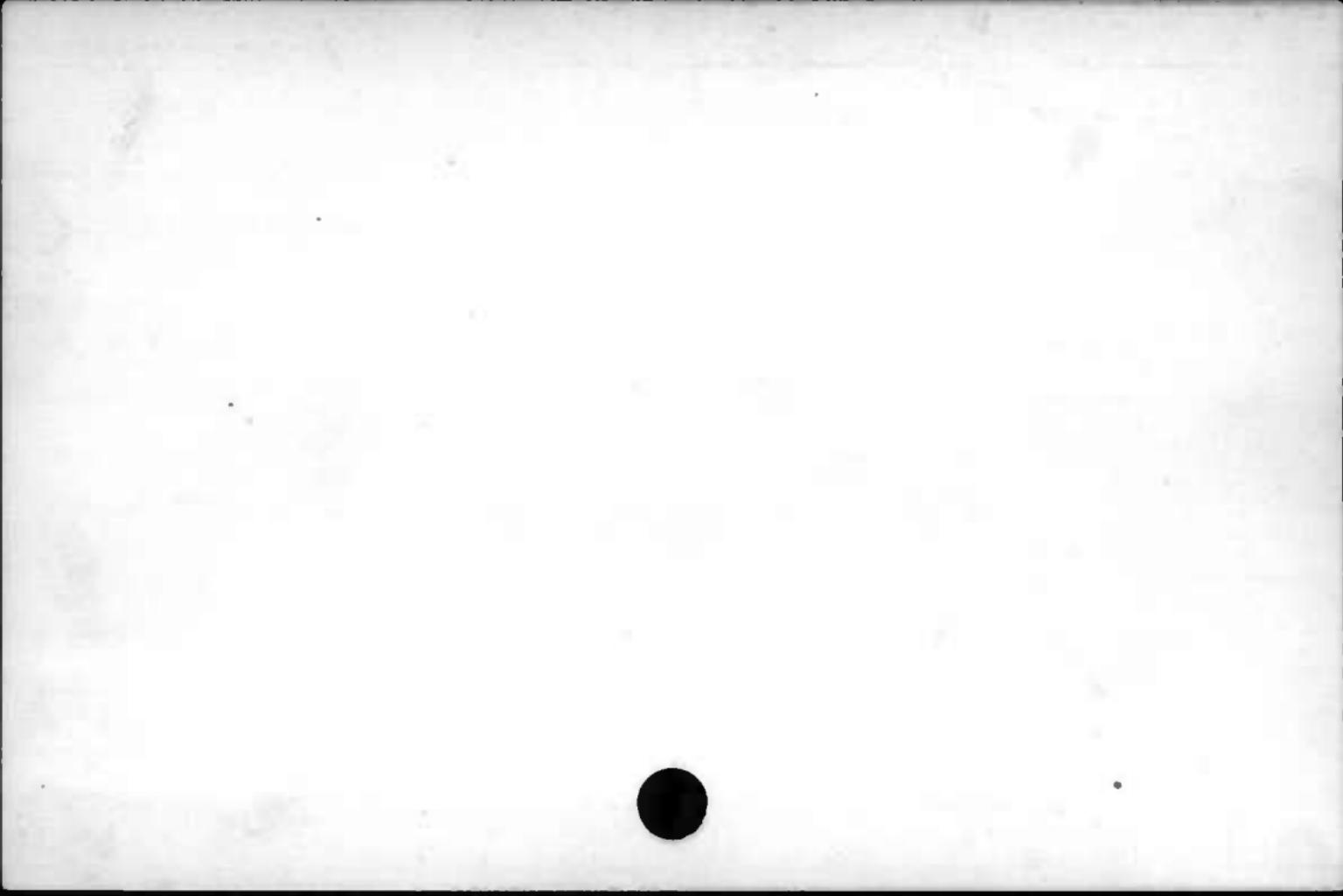
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Frank Quinn		Lonaconing			
Mother's Maiden Name	Mary McHugh		Lonaconing			
Name of person giving information	Frank Quinn		Father,			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enter-Colitis	(105)	How long	10 days
Immediate	Meningitis		How long	40 hrs
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	McGilligan M.D.
			Address	Lonaconing
Accident or Suicide?				



Name
in
Full

James B Rankin

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1906	5	28	64	10	7
Sex	Male	Color or Race	White	Birth- place	Scotland
Occupation	Wine Boes		Where Residing if not at place of death	Jane Ferguson Rankin	
Married, Single or Widowed	Mamed	Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information	Jan F Rankin		How related to deceased	Wife	

CAUSES OF DEATH

Primary

Congestion of Lungs (95)

How long

36

Immediate

do do

How long

36

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

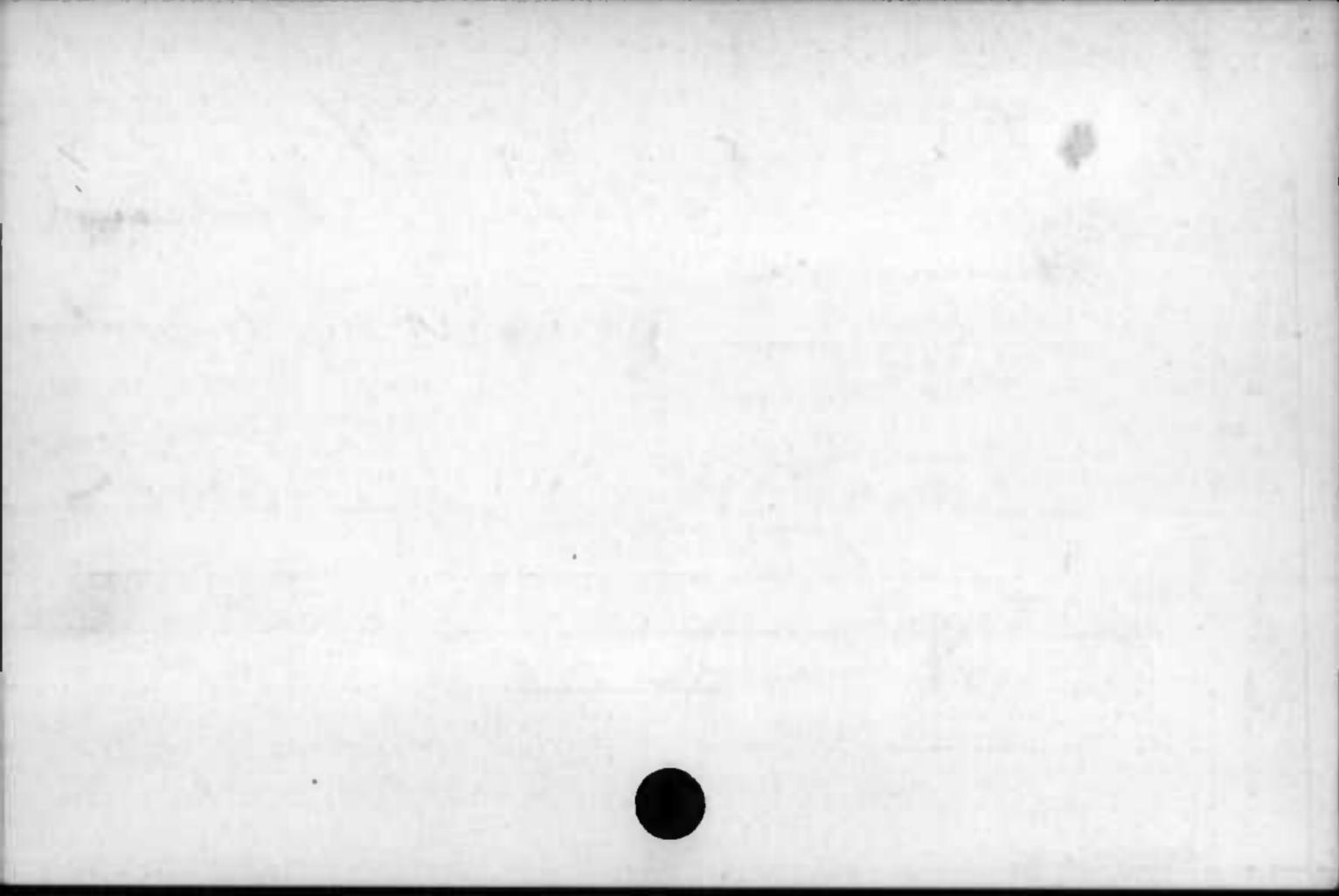
Address

Washoe
Piedmont

PHYSICIAN
OR CORONER

Accident or Suicide?

15 11



Name
in
Full

Sarah C. Rizer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month May	Day 20	Years 77	Months 3	Days -
Sex	Female	Color or Race	White		Birth-place	Virginia
Occupation	Housework		Where Residing if not at place of death		-	
Married, Single or Widowed	widow	Name of Husband	Morgan Rizer		Father's Birthplace	Virginia
Father's Name	Suskip		91		Mother's Birthplace	Virginia
Mother's Maiden Name					How related to deceased	son
Name of person giving Information	R. L. Rizer					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
asthma



How long
since childhood

Immediate
Heart failure

How long

one day

Are the name, age, sex, color, date and place correctly given above?

yes

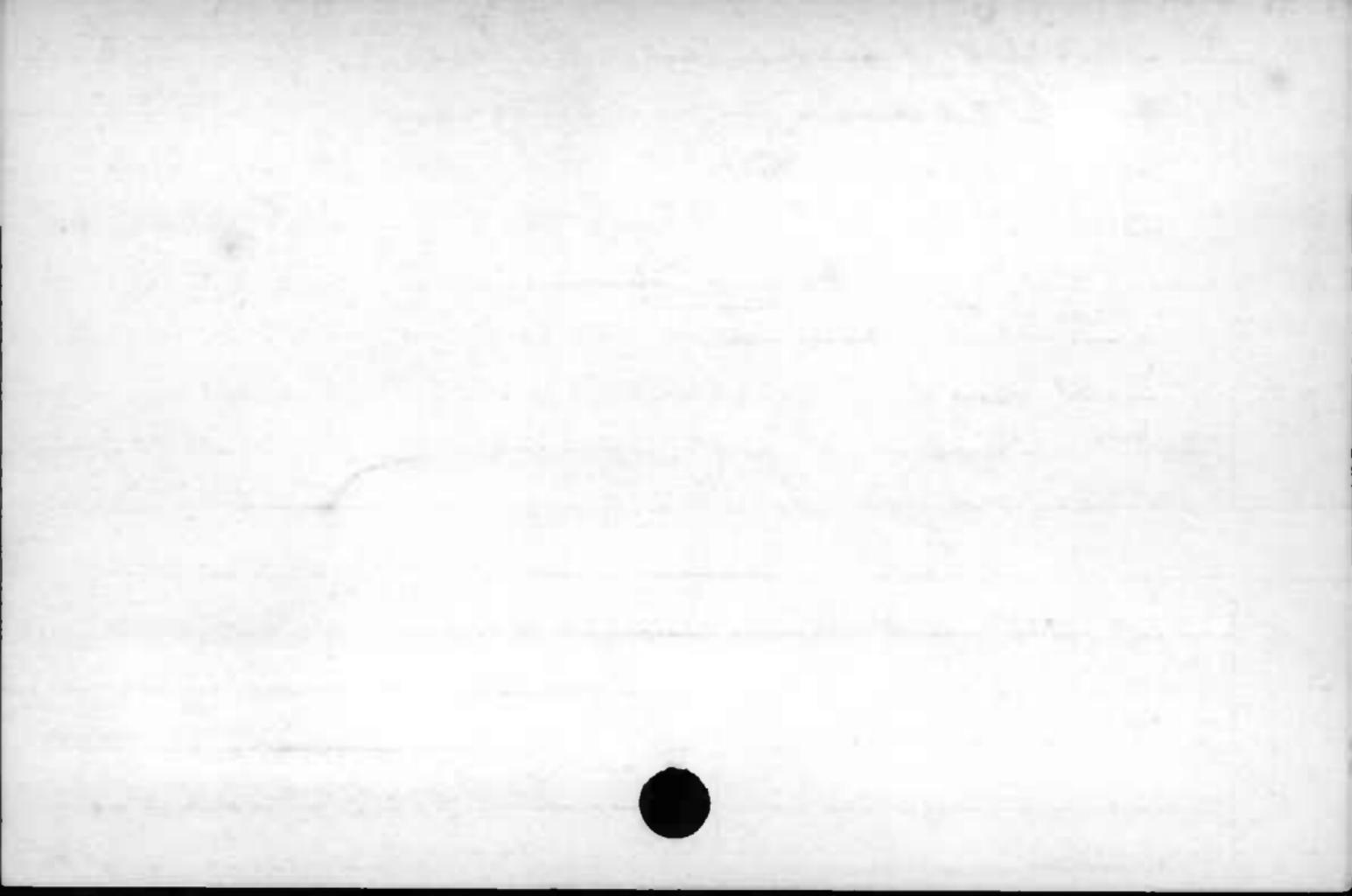
Signature of Physician

E. Duke M.D.

Address

Cumberland Md

Attala County



Name
in
Full

Charles Ferguson Robertson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age	3	1	
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Blanche Robertson		Father's Birthplace	Ocean Md	
Mother's Maiden Name	Heslin Stevenson		Mother's Birthplace	"	
Name of person giving Information	Blanche Robertson		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchia Pneumonia	(93)	How long	Seven days
Immediate	Solvent	lungs	How long	- a few hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Address	A. J. Smith Midland
Accident or Suicide?				

Brown

Alleghany Cemetery -

Name
in
Full

Lutter Leebut Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Roseburg

Town

County

MARYLAND

Date
of death

1906

Month

5

Day

9

Years

—

Months

—

Days

—

Age

Sex

Male

Color or
Race

White

Birth-
place

Roseburg Co

Occupation

—

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Lutter Leebut

Father's
Birthplace

Pa

Mother's
Maiden Name

Mary Lewis

Mother's
Birthplace

Pa

Name of person giving
Information

Lutter Leebut

How related
to deceased

Father

CAUSES OF DEATH

Primary

Spinal Rupture

How long

1 mo

(50)

Immediate

Oscillations

How long

1 week

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. W. Glick
Roseburg Co

Accident or Suicide?

J. J. C. Bellay

Name
in
Full

Louis Shellhouse

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
1906	May	14	Age	19	4	-
Sex	Male	Color or Race	White	Birth-place	Compton	
Occupation	Store Keeper.			Where Residing if not at place of death	-	
Married, Single or Widowed	Single	Name of Wife or Husband	-			
Father's Name	Matthew Shellhouse			Father's Birthplace	Compton	
Mother's Maiden Name	— — Dead.			Mother's Birthplace	—	
Name of person giving information	Matthew Shellhouse			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary acute Endocarditis (19) How long 3 days

Immediate Exsanguination

How long

Are the name, age, sex, color, date and place correctly given above?

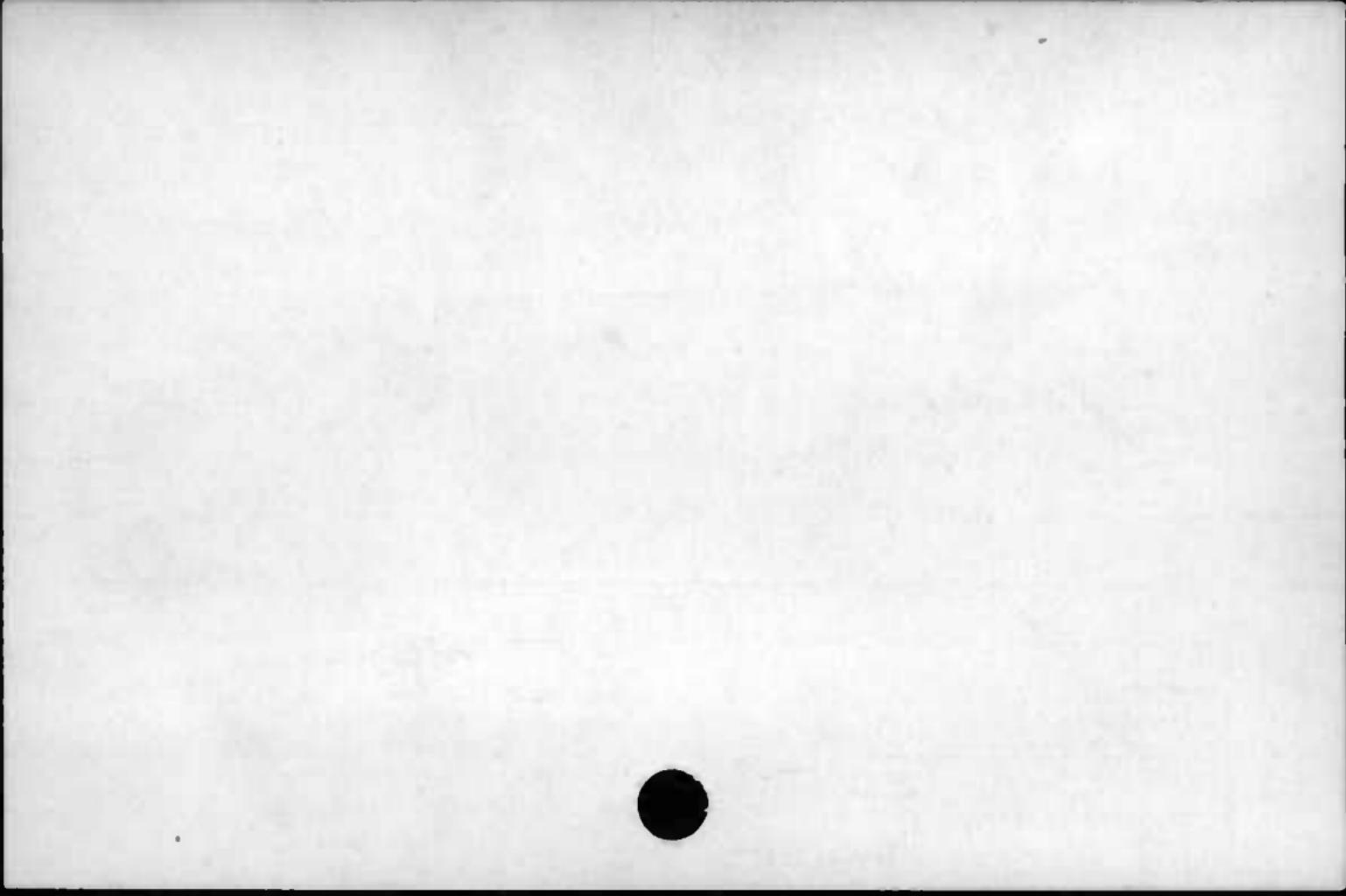
Signature of Physician

LOUIS STEIN.

Address

Docto[r] W. Stein

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Rose E. Shipleay

CERTIFICATE OF DEATH

Died at

H. Stragle colleagues

MARYLAND

Date
of death

1906

Month

May

Day

8

Years

22

Months

—

Days

Age

Sex

Female

Color or
Race

22

White

Birth-
place

Baltimore Co., Pa.

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of wife or
husband

Edmund Shipleay

Father's
Name

Nelson Brown

Father's
Birthplace

Mother's
Maiden Name

Lizzie Smith

Mother's
Birthplace

Name of person giving
information

E. Shipleay

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Septicemia (pneumonia)

How long

3 mos

Immediate

Aptosis

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

E. Shipleay

Ms. Stragle, Md.

Accident or Suicide?



Name
in
Full

James Deep Sloan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Eckhart Mines	Allegany		June	18	Days
Date of death	Month	Day	Age	Years	Months
1906	May	10	63	63	0
Sex	Male	Color or Race	white	Birth-place	Virginia
Occupation	Foreman in Mine		Where Residing if not at place of death	x	x
Married, Single or Widowed	Name of Wife or Husband	Mary Elizabeth Eberly			
Father's Name	John Sloan	Father's Birthplace	Ireland		
Mother's Maiden Name	Minerva Trotter	Mother's Birthplace	Ireland		
Name of person giving information	Wife Mrs Sloan	How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Disease of heart	(no)	How long	x	x
Immediate	Heart failure	(no)	How long	x	x
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	B. W. Cromwell M.D.	
			Address	Eckhart Mines	
Accident or Suicide?				"no."	

Yucca

Name
in
Full

infant of James T Stottlemeyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

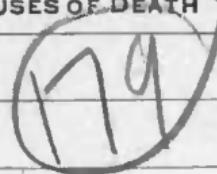
MARYLAND

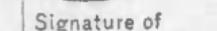
Died at	Town	County			
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

1906 May 28 — — one +
Female White Md
— — — —
Married — —
James Stottlemeyer Md
Mollie Klingermaa Pa
James Stottlemeyer Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary  How long

Immediate  How long

Are the name, age, sex, color, date and place correctly given above?

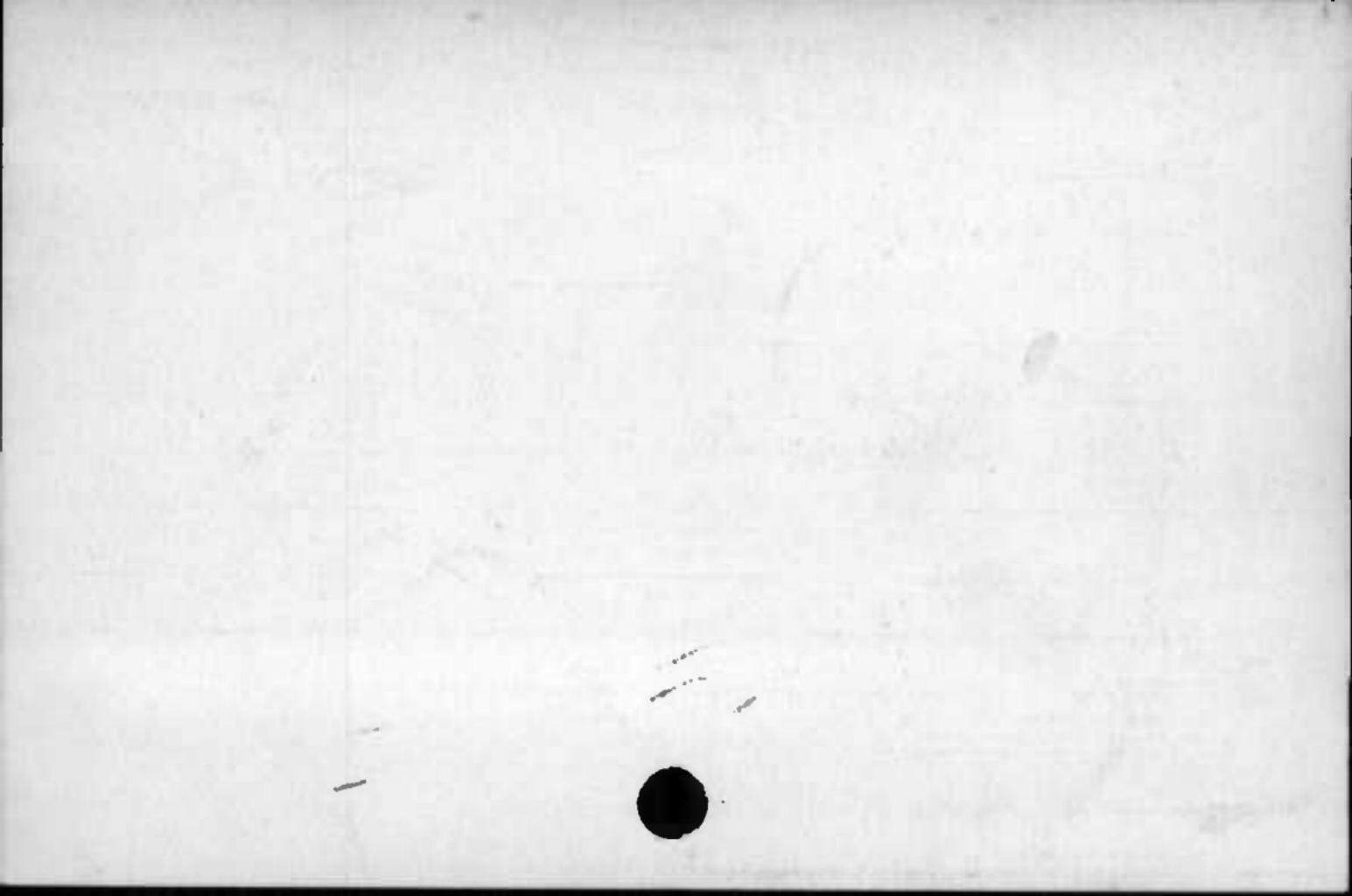
Signature of Physician

Yes

Address

Accident or Suicide?

East Carroll, Ind., Rydell



Name
in
Full

Margaret Tedrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Year	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Frank Tedrow			Father's Birthplace Pa
Mother's Maiden Name	Margaret Tedrow			Mother's Birthplace Pa
Name of person giving information	Frank Tedrow			How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	died suddenly	(178)	How long	-
Immediate	does not hurt		How long	-

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Jen Brise
Frostburg Md.

Accident or Suicide?

May

Name
in
Full

Henry Thorne

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	58	-	-	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Theodora				
Father's Name						Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving information						How related to deceased

1906 Nov 17

Male White

Glass Engraver

Married

Henry Thorne

Wife

PHYSICIAN
OR CORONER

Primary

Apoplexy

(64)

How long

Immediate

Death

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

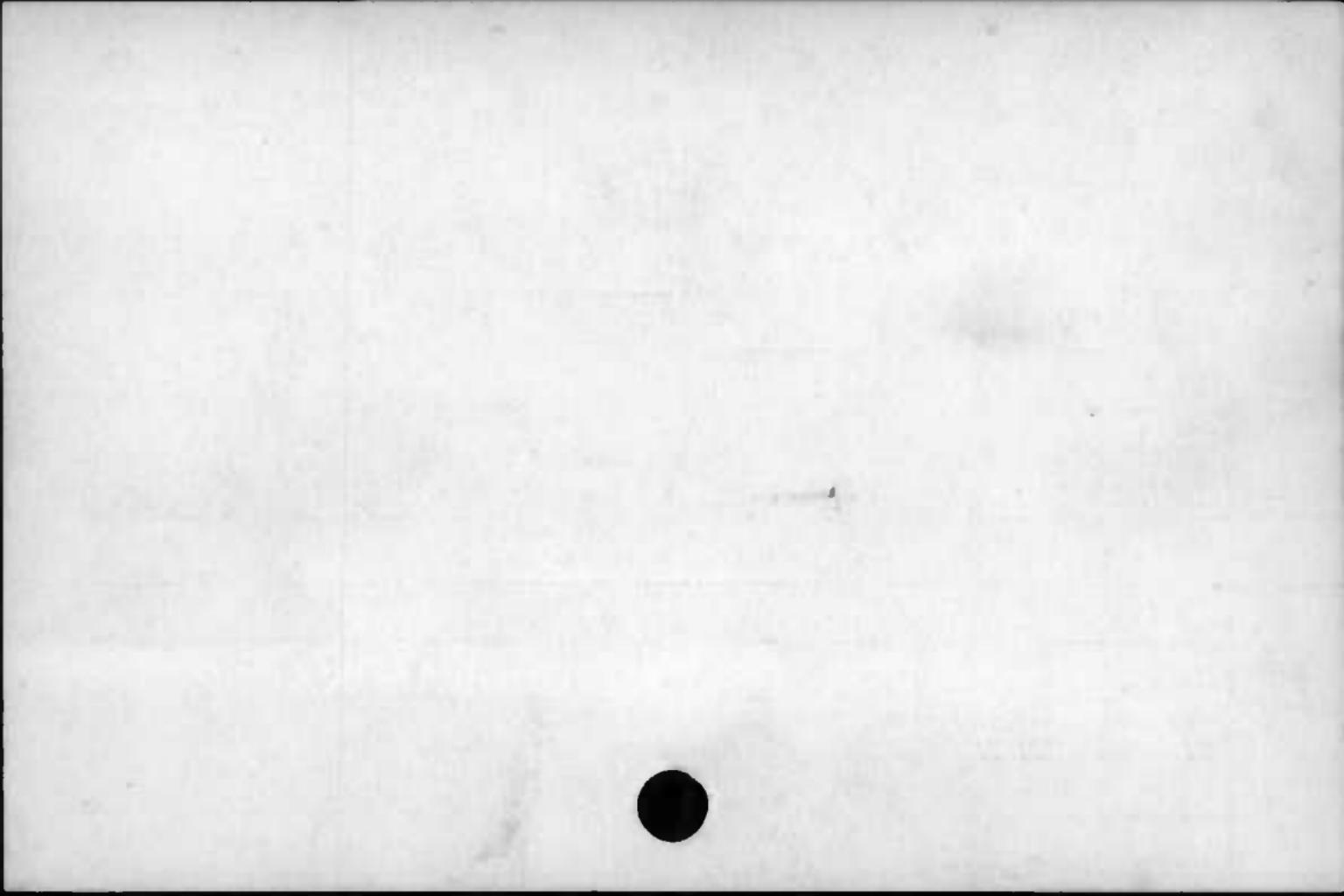
Signature of Physician

Address

Dr. George L. Cader
Cumberland
Md.

LOUIS STEIN.

Accident or Suicide?



Name
In
Full

Megretabelle Trail

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	May	9	Age	—	11	
Sex	Color or Race		Birth-place	Cumberland		
Female	White					
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Allie Trail					Father's Birthplace
Mother's Maiden Name	Clara Calyell					Mother's Birthplace
Name of person giving information	Mrs Allie Trail					How related to deceased

CAUSES OF DEATH

Primary

Bronchitis Pneumonia

How long

3 days

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

D. L. Lewis

Address

98 Va ave
Cumberland Md

Accident or Suicide?



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

Harry, Jane Trail				CERTIFICATE OF DEATH					
Died at		Town	County	MARYLAND					
Died at	Cumberland	allegany							
Date of death	14 May	Day	Years	Months	Days				
of death	1906	Monday	Age 51	8	6				
Sex	Female	Color or Race	White	Birth place	Shawadale -				
Occupation	Where Residing if not at place of death								
Married, Single or Widowed	Midowed	Name of Wife or Husband	Phil Henry Trail						
Father's Name	Father's Birthplace Shawadale Free								
Mother's Maiden Name	Mother's Birthplace " "								
Name of person giving information	How related to deceased Son -								
CAUSES OF DEATH									
Primary	Diabetes Mellitus 50 How long About 18 hr.								
Immediate	Gangrene How long Few wks								

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Edward Harris, M.D.

Address

Cumberland,
Maryland

Accident or Suicide?

Dr Harris

Name
in
Full

John Walker -

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Tacorona</u> -		County <u>Acequion</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>5</u>	Day <u>19</u>	Age <u>26</u>	Years	Months	Days
Sex <u>Male</u> -	Color or Race <u>Black</u>		Birth-place <u>Piedmont</u>			
Occupation <u>Driver</u> -	Where Residing if not at place of death					
<input checked="" type="checkbox"/> Widowed	<input type="checkbox"/> Wife or Husband					
Father's Name <u>John Walker Johnson</u>	Father's Birthplace _____					
Mother's Maiden Name <u>Lucie Walker</u> -	Mother's Birthplace _____					
Name of person giving information <u>C. D. Moore</u>	How related to deceased <u>Brother-in-law</u>					

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

✓
PHYSICIAN
OR CORONER

Ber-
shana

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John Wallers Sr.						CERTIFICATE OF DEATH	
Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	Age	Birth-place				
Occupation	Where Residing If not at place of death						
Married, Single or Widowed	Married	Name of Wife or Husband	Rhoda Miller				
Father's Name	John Wallers			Father's Birthplace	Wales		
Mother's Maiden Name	Ann Cross -			Mother's Birthplace	Wales		
Name of person giving Information	Mrs Wallers			How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral Hemorrhage

How long

12 days

Immediate

Exhaustion

How long

12 - days -

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

James A. Bullock M.D.
Somerset Maryland

Accident or Suicide?

no



Name
in
Full

Joseph Weir

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Baltimore

Town County

Allegany

MARYLAND

Date Month Day
of death 1906 May 21

Age Years Months Days
64 , 17

Sex Male

Color or
Race

White

Birth-
place

Scotland

Occupation

Hotel Keeper

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Emma Sperling-Weir

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

Emma Weir

(40)

How related
to deceased

Wif

CAUSES OF DEATH

Primary

Carcinoma of Stomach

How long

1 yr

Immediate

Exhaustion

How long

1 mo

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

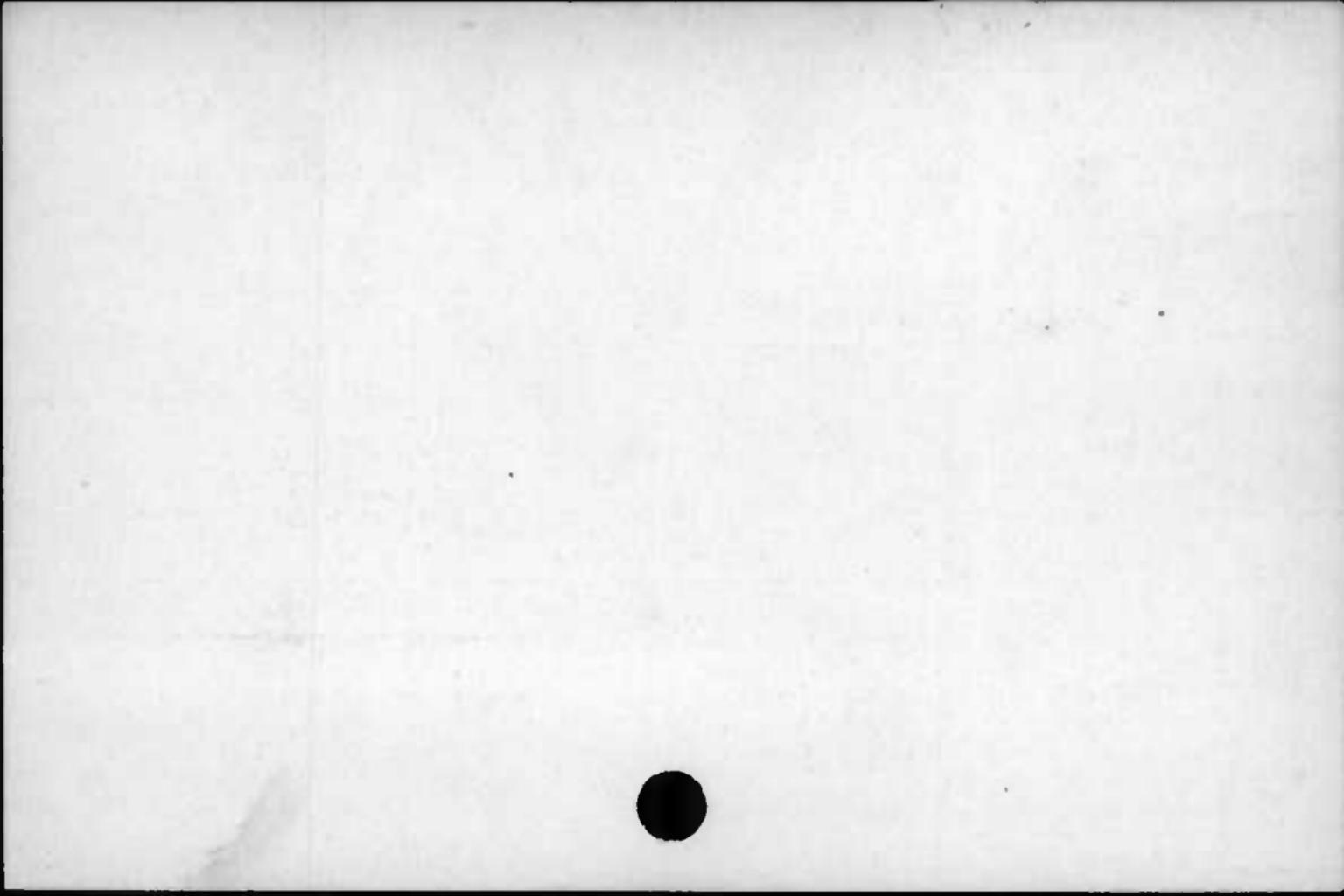
Address

Dr. L. Bradford MD
Baltimore MD

PHYSICIAN
OR CORONER

Accident or Suicide?





Name
in
Full

Margaret Wieghorst

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Frostburg

Town

County

MARYLAND

Date
of death 190

Month
5

Day
1906

Years
83

Months

Days

Sex
Female

Color or
Race

white

Birth-
place

Germany

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Henry Wieghorst

Father's
Name

Henry

Father's
Birthplace

Germany

Mother's
Maiden Name

—

Mother's
Birthplace

"

Name of person giving
Information

E. J. Withey

How related
to deceased

CAUSES OF DEATH

Primary

Carcinoma Liver

How long

one year

Immediate

Asthma

(40)

How long

one year

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Thomas Albaugh
Frostburg, Md

Address

Accident or Suicide?

your
letter,

Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

Douglas Wilson

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Died at	Cumberland	Alleghany				
Date of death	1906	Month May	Day 19	Years 50	Months	Days
Sex	Male	Color or Race	Black	Birth-place		
Occupation	unknown	Where Residing if not at place of death			Cumberland	
Married, Single or Widowed	Singer	Name of Wife or Husband				
Father's Name	unknown				Father's Birthplace	
Mother's Maiden Name	"				Mother's Birthplace	
Name of person giving information	J. W. Crawford				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Auric Sluiter

(N)

How long

unknown

Immediate

carrie Sluiter

How long

Fog work

Are the name, age, sex, color, date and place correctly given above?

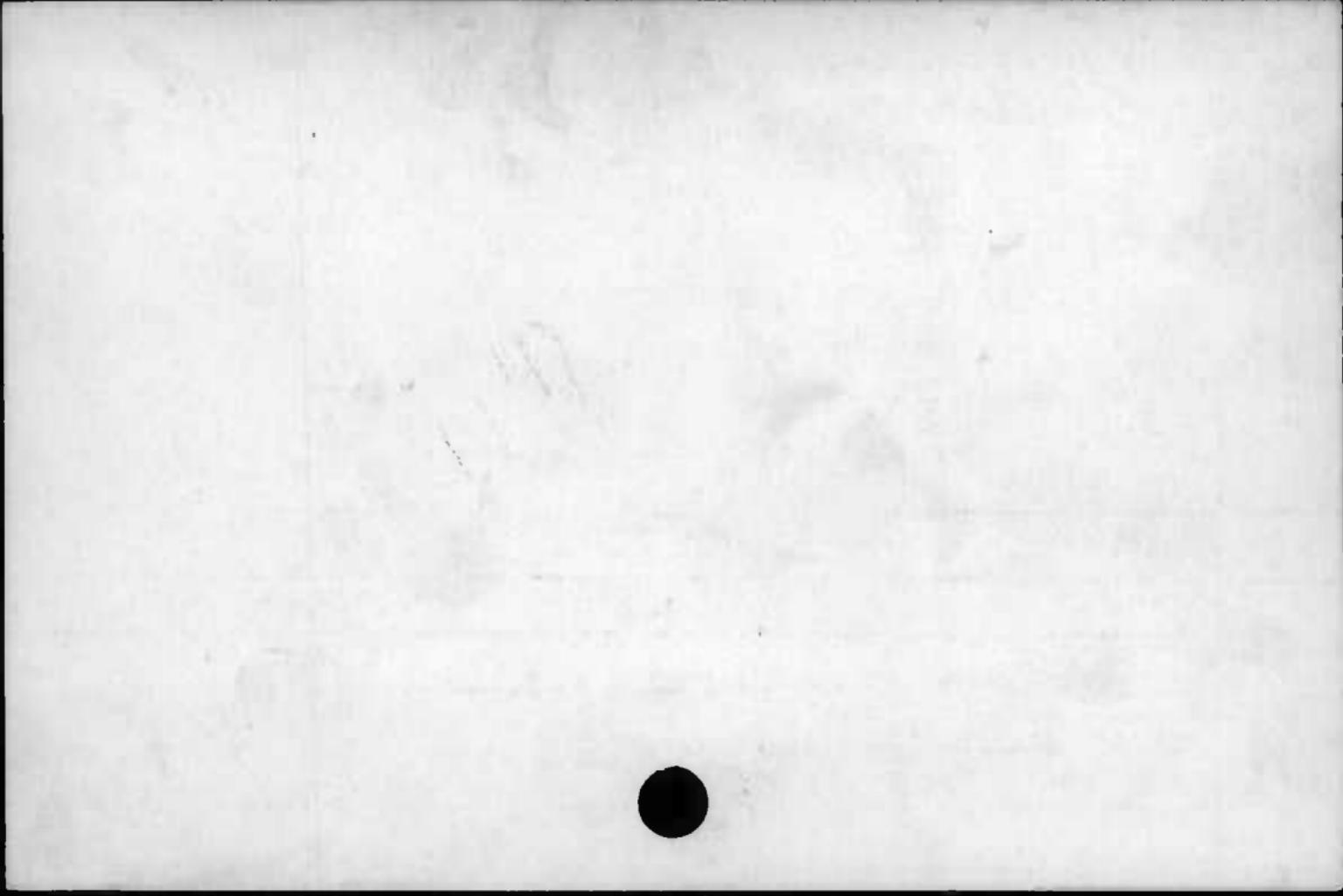
- Yes

Signature of Physician

Address

W. H. Weller
Cumberland

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

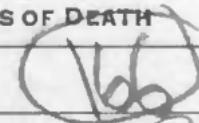
PHYSICIAN
OR CORONER

5/1/11

CERTIFICATE OF DEATH

Died at <u>Baltimore</u>		County <u>Allegany</u>	MARYLAND		
Date of death <u>1906</u>	Month <u>5</u>	Day <u>23</u>	Years <u>Age about 96.</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place			
Occupation <u>Painter</u>		Where Residing if not et place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving Information		How related to deceased			

CAUSES OF DEATH

Primary  How long

Immediate  How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?

l



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Dora G. Pitt
Town
Name Wytheburg Allegany

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	
Date of death	Month	Day	Years
1906	May	24	Age 84
Sex	Color or Race	Birth-place	Months Days
Male	White	Not known	11
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Married	Rebecca Shaffer		
Father's Name		Father's Birthplace	Not Known
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information		How related to deceased	Grandson
S. E. Pitt			

CAUSES OF DEATH

Primary

Suicide

(b)

How long

Immediate

Paralysis

Signature of Physician

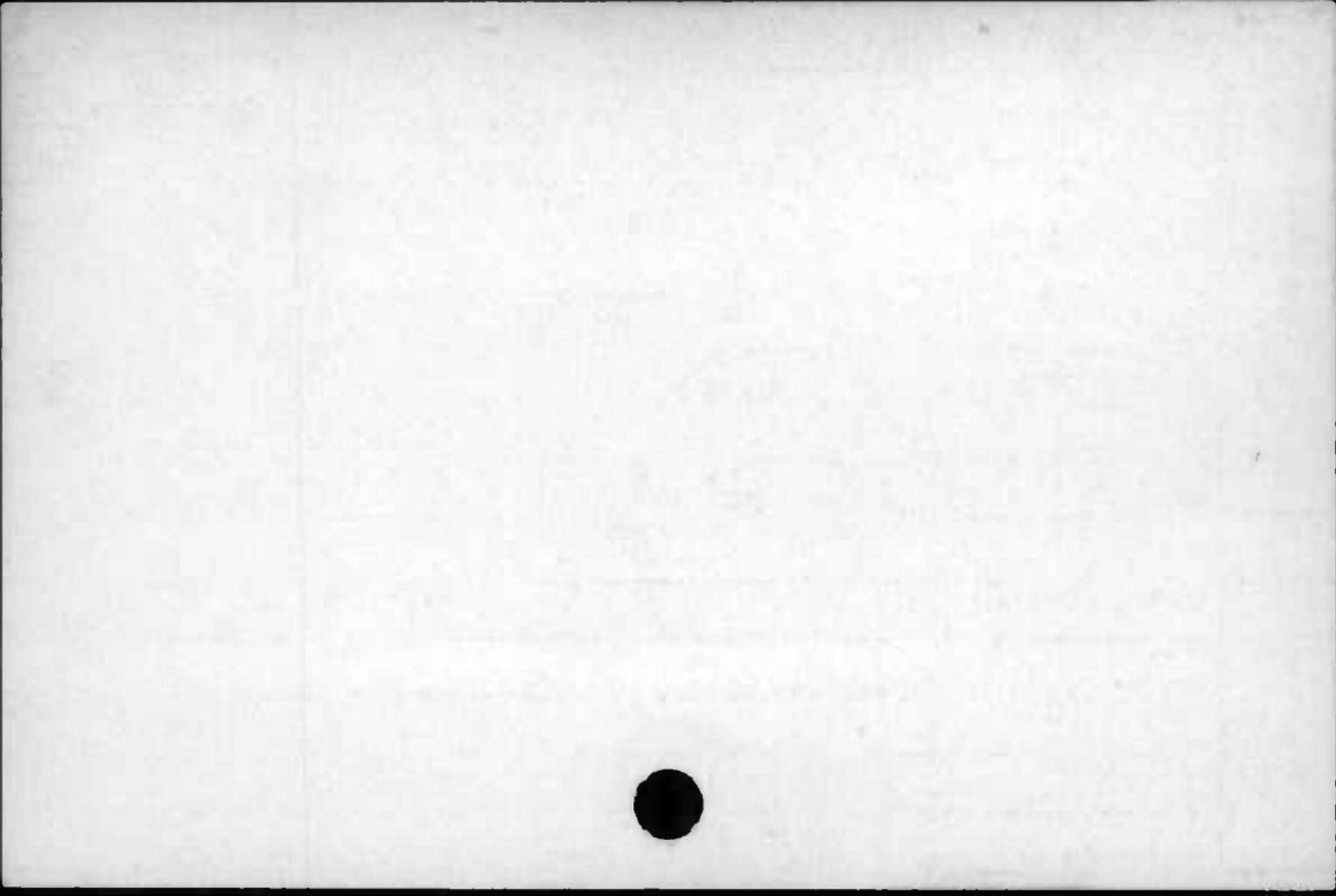
How long

Are the name, age, sex, color, date and place correctly given above?

Address

Edward Smale M.D.
Mr. Smale M.D.

Accident or Suicide?



Name
in
Full

Peter Wolf.

CERTIFICATE OF DEATH

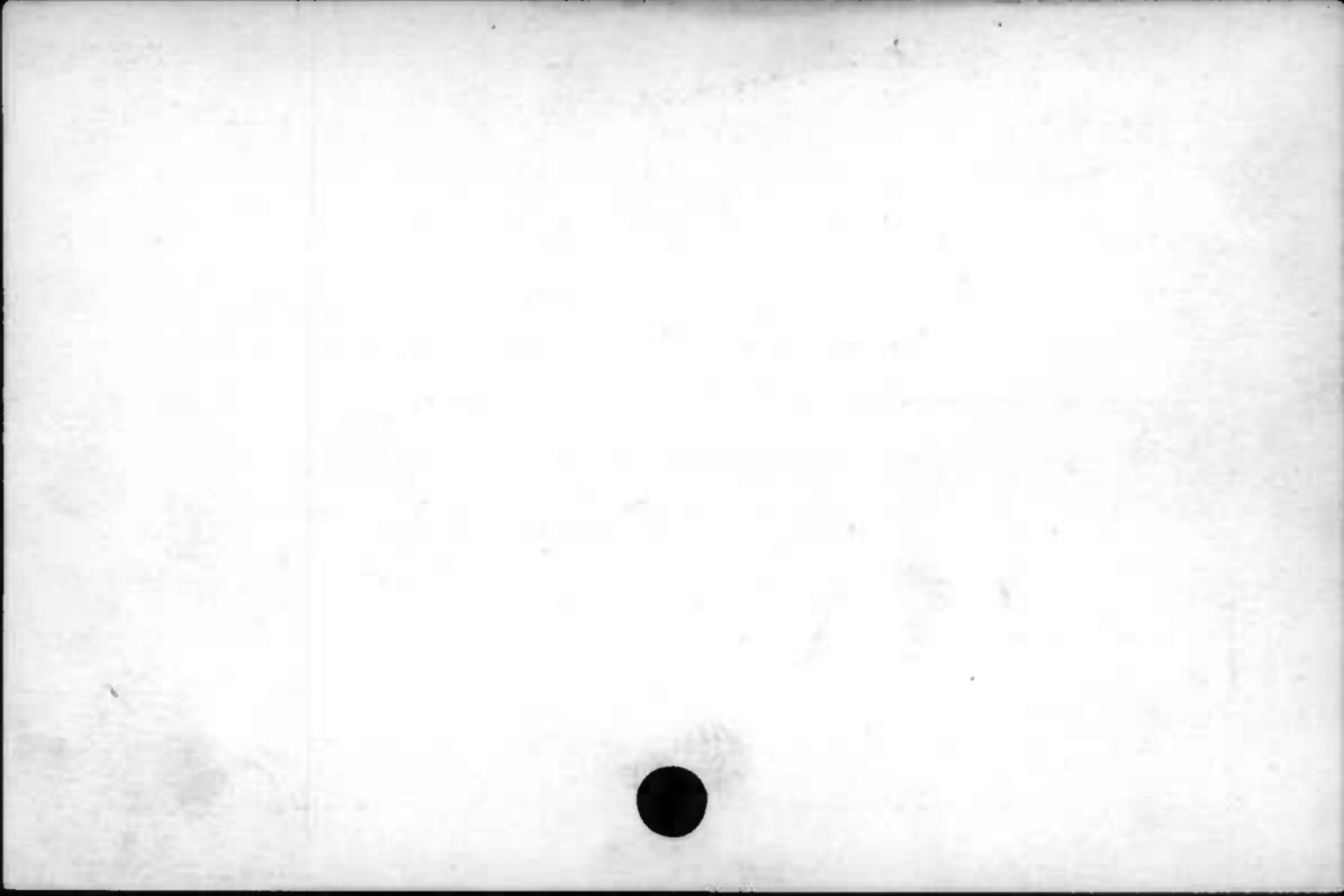
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <u>Cumberland</u>	County <u>Allegany</u>	MARYLAND
Date of death	Month <u>May</u>	Day <u>17</u>	Years <u>65-</u>
Sex	Color or Race <u>Male</u>	Birth-place <u>white</u>	Months <u>—</u>
Occupation	Where Residing if not at place of death <u>Labores</u>		
Married, Single or Widowed	Widowed	Name of Wife or Husband <u>Jennie Shell</u>	Father's Birthplace <u>Unknown</u>
Father's Name	<u>Samuel Wolf</u>		
Mother's Maiden Name	<u>Unknown</u>		
Name of person giving information	<u>Harm Wolf.</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>		How long <u>for 6 years</u>
Immediate	<u>Shock.</u>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>William R Foard MD</u>		
	Address <u>116 Virginia Ave</u>		
Accident or Suicide?	<u>Cumberland.</u>		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

John Garger				CERTIFICATE OF DEATH			
Died at	own	County		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
1906	May	17	Age 22				
Sex	Male	Color or Race	White	Birth-place	Pa, Chambers		
Occupation	Brakeman		Where Residing if not at place of death	Western Md Hosp			
Married, Single or Widowed	Married	Name of Wife or Husband	Catherine Christman				
Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving information	Jacob Christman		How related to deceased	Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever



How long

4 weeks

Immediate

Toxemia

How long

Gradual

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr Bleleywood, MD
Chambersburg, Pa

Accident or Suicide?

LOUIS STEIN.

